FOR STATE HEALTH DEPT. DEPUT EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 04 C VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7215

1 "	a. COUNTY	6				institution: Residence before admission)
_	Wasl	nington	MARYLAND	a. STATE Mary	land b. cour	Washington
/	b. CITY OR TOWN (if write RURAL and	outside corporata limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsida corporate limits, write	RURAL and give naerest town)
I	Villiamsp		2 days	Hagersto	wn	03
	d. NAME OF HOSPITA	AL OR INSTITUTION (if n	oot in hospital, give streat address)	d. STREET ADDRESS		e. IS RESIDENCE
1	Potomac R.	River Smit	th Power Plant	1718 Virg	cinia Ave.	YES NO NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print)	David	Lee A	nderson	DEATH June	12 19 61
5.	. SEX		MARRIED NEVER MARRIED A B	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.
M	lale	White	WIDOWED DIVORCED	June 17 19	44 last birthdey) 16 yrs.	Months Days Hours Min.
10	a. USUAL OCCUPATION	ON (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
0	Student	king life, even if retired)	Public School	Washing	ton Co Md.	U.S.A
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	,
1	Herbert	Leo Ande:	rson	Vivian L	arraine Robi	nson
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT		8 Va. Avenue
1"	NO NO	yesgive wer or detes of serv	none He	erbert :en	Anderson Ha	constant Ma
=	1 18. CAUSE OF DE	ATH Enter only one ca	use per line for (e), (b), and (c).]		1102 2012 110	INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	5 00 1.	0	10 00	ONCET AND DEATH
	000	MMEDIATE CAUSE (a)	Juffaci tran	- cul	to chain	Tunel,
	727.0	DUE TO				
	Conditions, if any,	1-/				
	(a), steting tha un	DITE TO				
	cause lest.) (c)_				
NO	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	(EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
K						YES NO
CERTIFICATION	20a. EXTERNAL CAL		DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Par	t I or Part II of item 18.)	
-	CAUSE OF DEATH.	D	rowned while s	Wilmoning Le	i Rotomec 131	ive,-
WEDICAL	20c. TIME OF INJUR	Y Month, Dey, Yeer	While Not While	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (Stata)
WED	Hour arm.	6-12-1961	while at work at work at work	uzc /31'U27-	Williamspor	-t wash. Ald
	21. I certify that	at I took charge of	the remains described above, he	eld an Autopsy ,	Inspection Inqui	and in my opinion
	death resulted fr	om: Natural caus	ses , Accident . Suic	ide, Homicide	, Undetermined m	nanner
	-	20 0	0 340	CHIEF MEDICAL	EXAMINER	
1	ACTUAL	lward in	· WIHOIT	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
	EXAMINER'S ANAME (Type)	7 / ()	7.4 -	DEPUTY MEDICA	L EXAMINER	6/24/61
		11127-9 W	() in (11, (4)		city, town, or county)	
22	REMOVAL (Spacify)		22c. NAME OF CEMETERY OF	emorial	22d. LOCATION (City, town	3.5
1	urial	June 16-	61 Cedar Lawn M		Hagerstown	Md.
2	3. FUNERAL DIRECTOR	001.	70 2 18 1856S	A 129 11	C'D BY REGISTRAR 246. REG	
	Cleert	L deck	comstar	7 PO DATION	15 '61 Cal	Lun S. Harris
_			•	1		

THE REPORT OF THE PROPERTY OF THE PARTY OF T . Production of the second sec The state of the s THE WEDGE OF ME MENTAGE ALT THE TYPE HE THE

TO SEPITA ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a patter death. Page 4 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

7228

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07216

- 2											
/	1. PLACE OF DEATH o. COUNTY			MARYLAND	- 11	USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY			_
		INGTON outside carporate limits,	weite	LENGTH OF STAY IN 16	-	c. CITY OR TOWN (If a	AND	and their mails D	WASHI	10.70.	•
	RURAL and give ne	prest town)	, write c.		0	5		profe limits, write k	OKAL ONG GIVE I	rediesi iow	")
	d NAME OF HOSPITA	STOWN AL (If not in hospital, give	e street odd	53 YRS.	- 3	d. STREET ADDRESS	COWN			a IS RE	SIDENCE
	TOWIECKW			ITAL	1		LBER	RY ST.		ON	FARM?
	3. NAME OF DECEASED	First		Middle		Last	4. DATE	Mor	ıth	Day	Year
	(Type or print)	FREDERIC		ARTHUR		IDREWS	DEATH	JUNE	11		1961
	S. SEX		MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months Day	-	ER 24 HRS.
	MALE	WHITE	WIDOWED [DIVORCED		12/30/18	381	79%	Monins	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of wark do ng life, eyen if retired)	ine 10b. KIN	ID OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
	HORICULT	IRIST	F	LORIST		MARYLAN	ID		U.	S. A.	
-	3. FATHER'S NAME				1.	4. MOTHER'S MAIDEN I	NAME				1000
L) WILLIAM	s andrews				MARY JO	HNSOI	V.			
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.	INFOR	MANT		Add	ress		
	NO	744, 914 1151 51 54 54 51		20-26-0065	N	IR. GEORGE	e W.	ANDREWS			
	18. CAUSE OF DEA	TH [Enter only one caus							11	NERVAL BI	ETWEEN
	PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Likewice Same									
	50 2 X DUE TO A A A A A A A A A A A A A A A A A A										
		Conditions, if ony, which) (b) Chronic alomerulonephrulis under									
	gave rise to in couse (a), stating t		~	_		- 4	1			1-20	-
	lying couse last.	ang	la	ele do	el	raculer	us		2	30	6/
	PART II. OTH	ER SIGNIFICANT COND	TIONS CON	TRIBUTING TO BEATH B	UT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART 1(o	19. WAS	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIE	BE HOW INJURY OCCUR	RED. (E	inter nature of injury in	Port I or Par	rt II of item 1B.)			
	1 - 1	Month, Day, Year	20d. INJU	RY OCCURRED 20e.	PLACE	OF INJURY (Hame, fare	n, 20f. (City	y or town)	(Coun	(y)	(State)
	Hour m	19	While at work	Not white	factory	street office bldg. etc	7			"	
					,	- /	61	day	Ø	d . (1)	
			attended	the deceased from		h occurred 3:20	1000		7,10	1 7	, ,
	sow the decease	ed alive an	, 4	19_0(ond that	deal	h occurred and	Tyll tram	the causes or	nd an the do		b.DATE
	16	Turtif!	Ceas	dle_	M.D.	PHYS. D	ED.	STAFF PHYS.	6	12-	SIGNED
	22c. PHYSICIAN'S NAME (Type)	Rober	+ F	= Kendl	0.	22d. ADDRESS	120	prsto	LHI	m	4
	23a. BURIAL, CREMATION	N, 23b. DATE THEREOF	2	3c. NAME OF CEMETERY	OR CI	REMATORY	23d. LOCA	TION (City, town,	or county)	(Sta	ite)
	REMOVAL (Specify)	6/17/	27	POST UT	T T	CEM	HA	AGERSTOV	VN N	ID.	
	24. FUNERAL DIRECTOR	SIGNATURE	31	ADDRESS	7	250. REC	D BY REGIS	TRAR 2Sb. REG	ISTRAR'S SIGNA	TURE	N 18
-	111. 7 1/	aluna	. /	Yaxer.M.	100	DATE SE	IN 4 4 70	21 -			

VR A15 (4) 15M 9/59

THE THREE PARTY PERSONAL IN MARKET STREET End Charle dashawiteness Charles Made of the Control of . The second second

24 hours after

Secret. Pag. may be re

Andrew K.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1 PLACE OF DEATH a. COUNTY b. COUNTY Washington Washington MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give neerast town) Davs Hagerstown Hagerstown a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? 227 So YES NO Wash County Hospital prospect 4. DATE Yeer Month 3. NAME OF First Middle DECEASED OF DEATH (Type or print) June 3 19 MARGARET ANTHONY 1961 ANN AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH last birthdey) Months Female WIDOWED DIVORCED Dec 866 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dong during most of working life, even if retirad USA Housewife Own Home Cearfoss Wash Co Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Neibert Nicholas Elder Barbara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) So Prospect St Miss Chloe None Anthony INTERVAL BETWEEN Hagerstown 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: do IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave risa to immadiete ceusa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO Y 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) (County) 20f. (City or town) 2Dc. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work 1940 19.6.1, and that death occured a A.M. from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type 23d, LOCATION (City, town or county) (State) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Broadfording Wash 6 Dunkard Cemeterv Burla 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Coffman Hagerstown Md.

DATE JUN 8

161

arthur & Krous

. Det is he to receive the control of the control o E TALL DESCRIPTION OF THE PARTY The second secon The three brokens in the late of the late RYLAND STATE DEPARTMENT OF HEALTH

non in land capital and the the service of the se of the state of th to the way to strong to other the . For equality and the control of th

FOR STATE TOWERUT CEDICAL EXAMINER: This certificate should be executed within 24 hours after dealers, any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Amilt the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and In any event within 72 fours after death.

> VS. A15ME 5M 7/59

DIR DITTO

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9		PLACE OF DEATH	2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. STATE b. COUNTY
		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1		ALONG ROUTE 40 A . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
1		BOOKSBORD MD. R.1	DOONSIBORO MD. 12.1 YES NO IX
		NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
1	_	(Type or print) SEX 6. COLOR OR RACE 7 MARRIED MISSES MARRIED 8.	BAKER DEATH JUNE - 23 - 1961
	٥.	AAA	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
/	do	USUAL OCCUPATION (Give kind of work and during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	RUCK DRIVER - STATIZ ROAD COMMISSION	14. MOTHER'S MADEN NAME
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT ALERTZ
7		NO 216-14-6248 MR	
		18. CAUSE OF DEATH (Enler only one cause per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Coronay (the	D. o
	2	Conditions, if eny, which (b) Thromboto Ocal	en of all terrote Come
		geve rise to immediate cause (e), stating the undarlying	2 bi
7		causa lest. (c) Mysrenger	fefareties 1
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO
	-	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	intar netura of Injury In Part f or Pert II of item 1B.)
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above, he	ld an Autopsy And Inspection , Inquiry , and in my opinion
		death resulted from: Natural causes . Accident . Suici	
		ACTUAL SIGNATURE N. M. Delto	CHIEF MEDICAL EXAMINER
		EXAMINER'S NAME (Type) 77 FW DITTO &	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
(22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF TEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (State)
1	00	BURIAL JUNE 26. 1961 BENEVOLA	EMISTERY BENEVOLA WASH CO.MD.
7	23.	Jahn Boust BOONSBORD M	DATE JUN 2 9 '61 Culling S. Haus
	-		

STATE OF THE PROPERTY AND PROPERTY OF THE PROP

ter death. Page 4

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07220

4 5E					700
Poge directo	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased in o. STATE Marvland	b. COUNTY Allegal	
= 43VI)	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporat		
de de	RURAL and give nearest tawn) Hagerstown		Cumberland.	1112 -	7
he f	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	alun.	e. IS RESIDENCE
160 dg	Western Md. State H	osp.	113 Blaul Ave.	2	ON A FARM?
filled in ges 1 an	3. NAME OF DECEASED (Type or print) Baybaya	Middle Ellen	BARNES 4. DATE OF DEATH	Month Do	Y 196/
with Page ter de	5. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED X	B. DATE OF BIRTH 9. April 8. 1886	last birthday) Manths Days	Haurs Min.
mple pers s aff	10a. USUAL OCCUPATION (Give kind af wark dane 10b.		1		WHAT COUNTRY?
nd co	during most af warking life, even if retired)	estaurant	Artemas, Penna		S. A.
n ar prba	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
sicia sicia vithii	George W. Barnes		Sarah Jane Die	e h l	
phy may 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	IFORMANT	Address	Md.
ing ing	No.	Mr	s. Cora Appold 60	4 Fairview A	
leath leas any any	18. CAUSE OF DEATH [Enter anly ane cause per 4	7 0 0 1		INTE	RVAL BETWEEN
d in d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lobular 1	neumonia	la la	re week
The The	DUE TO	,	1 0	4 . 4	
d by wol,	Canditians, if any, which gave rise to immediate (b)	runoma	cervix	uteri to	ur years
quire gne per remo	cause (a), stating the under-	ith Meta	stasis		0
sion sin sit or	Tying cause last. (c)				A MARCHANICA CONTRACTOR
physic physic as bec ial-tra atian,	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 1	PERFORMED?
ing ing bur he h	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II	af item 1B.)	
Hend fice the day, of al, of al,	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
r att certicert buri	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While p. m. 19 at war	5-	ACE OF INJURY (Hame, farm, 20f. (City at	tawn) (Caunty)	(State)
PH ala	Haur a.m. p.m. 19 While at war	k at wark	, state stage, etc.,		
NG spirter d fo	21. I certify that (I) (this haspital) attend	ded the deceased fram	March 944, 1961, ta	Une 24, 18/, th	at (I) (wet last
School F	saw the deceased alive an June	24_1961 and that a		e causes and an the date	
TTE Y th TOR TOR Heat	22a. SIGNATURE	of	3 5 57)	a.	22b. DATE
REC be	young e.	Chun		PHYS. Dune 20	1. 1961
retor RAL DI shauld shauld	22c. PHYSICIAN'S NAME (Type)	E. CHUN	1500 Penna	Ave. Hagersto	we Md
State 3	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATIO	N (City, tawn, ar county)	(State) +
Page he s	Burial (Specify) 6/27/61	Fairview Ce	metery. Arter	mas, Penna.	
5 5 4	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRA	R 25b. REGISTRAR'S SIGNATUI	
VR A15 (4)	H. Wayne George Cumb	erland, Md.	DATE UIN 2 7 '61	arthur S. Fire	us

- Hair - Hai . Lat. Lieue Sife Co. and the better to be distinct the Solventa State of the trade of the same of The second of th A PERMIT AND AND A STREET AND A . The state of the

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7233

07221

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	Washington	MARYLAND	o. STATE Maryland b. COUNTY Washington					
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)					
	RURAL ond give nearest tawn) Hagerstown	1 mo. 2 wks	(Rural) Williamsport Md. RFD #2					
1	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
4	Western Maryland State	Hospital	Rural Williamsport Md RFD 2 YES NO M					
	3. NAME OF First	Middle	Last 4. DATE Month Day Yeor					
	OECEASED (Type or print)	eslip	RECKLEY OF 3 1961					
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.					
	Male White WIDOWE		June 19 1886 Just birthdoy) Months Days Haurs Min.					
	100. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	relegraph operator Pe	enn. R. R.	Maryland U.S.A					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
1	Charles Elmer Beckle	V	Laura Ardinger					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		FORMANT Address					
	(Yes, no, or unknown) (If yes, give war or dates of service)	7 07 9339 Mr	rs. Mable G. Beckley Williamsport Md.					
	1B. CAUSE OF DEATH [Enter only one couse per lin		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	Urem	ONICET AND DEATH					
	Conditions, if any, which gove rise to immediate (DIE TO) Conditions of mediate (DIE TO) Conditions of prostate 4 years							
	Conditions, if any, which)	Carry	d Danstt H Han					
	gove rise to immediate	Calli	noma of prostate 4 year					
	cause (a), stating the <u>under-</u> lying cause lost.							
	, (0)							
	PART II. OTHER SIGNIFICANT CONDITIONS C		PERFORMED?					
7	E 200 ACCIDENT WAS UNDERLYING TO 206 DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)					
	Haur a.m. 10 While	Nat while foo	tory, street, office bldg., etc.)					
			(m.) 10 11 Que 2 11					
	21. I certify that (I) (this haspital) attend	/ 1	1 2 1					
	saw the deceased alive an 220. SIGNATURE	19_6 , and that d	eath accurred at M, fram the causes and an the date stated abave.					
	11	al	ATTENDING MED STAFF / SIGNED					
	22c. PHYSICIAN'S	· Chly	M.D. PHYS. DIRECTOR PHYS. 12 June 3. 1961					
	NAME (Type) Y A PSA/C- Z	- PHILL	1200 Denna Ave Hagerstown Mrs					
	100/04	VIOIN						
	230. BURIAL, CREMATION, 23b. DATE THEREOF Burial June 7-61	23c. NAME OF CEMETERY OF	TT. Ma					
	Burial June 7-61	Rose Hill C	emetery Hagerstown MG.					
	Mast & teal W	Miemsoi						
1	course in way	- 30	DATE JUN 7 '61 arthur S. Trous					

Key - Lessie Beckley -THE REPORT OF THE PROPERTY OF The form of the first transfer of transfer Was the first of the same part of the

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07222

			U M Not has find
	I. PLACE OF DEATH a. COUNTY		lived, If Institution, Residence before admission)
4	Washington MARYLAND		ngton
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lin	
	write RURAL end give neerest town) Hagerstown 8 Yrs	Hagerstown	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
	517 No Mulberry St	517 No Mulberry	St ON A FARM?
10	3. NAME OF First Middle DECEASED	Last 4. DATE	Month Dey Yaer
		NNETT DEATH JU	me 5 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED .	ulv 12 1912 48	rthday) Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	11. BIRTHPLACE (County & State, or loreig FUnion town Fayette	CO USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
7	Nathan Divens	No Record	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	FORMANT	Address
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	ar Bennett 517 No	Mulberry St
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Hagerstown Md.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	me	2 weeks
	TSID DUE TO 4 4 10		
	Dinklik	abirin	3 wahr
	geve rise to immediate cause	0,00	
	(a), steting the <u>underlying</u> DUE TO		
		BELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	F TAKI II. OTTEK SIGNIFICANI CONDITIONS CONTRIBUTION TO DEATH SOURCE	RECALLS TO THE TERMINAL DISEASE CONDI	PERFORMED?
	S ACCIPITATE WAS INSTRUMENTED AND RESCRIPT HOW SHIFTING COUNTRY	(Enter neture of injury in Pert I or Pert II of item	YES NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None	Enter neture of injury in Fert 1 or Fert II of Item	10.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour s.m. While Not While fect p.m. None 19 et work et work	E OF INJURY (Home, farm, 20f. (City or towny, streat, office bldg., etc.)	n) (County) (State)
	Hour a.m. While Not While et work et work	none	
	21. I certify that (I) (this hospital) attended the deceased from.		une 5 1961 that (1) (we) last
	saw the deceased alive onJune319.61, and that		
0	22a. SIGNATURE)		22b. DATE
A	John D. Junco		
	22c. PHYSICIAN'S NAM (Type) Dr. John D. Turco, M.D.	302 N. Potomac St-	Hagerstown, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	R CREMATORY 23d. LOCATION	(City, town or county) (State)
	Burial 6/7/61 Rest Haven C	metery Hagersto	own Wash Co Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR :	256. REGISTRAR'S SIGNATURE
2	Andrew K. Coffman Hagerstown Md.	DATE	Chilling S. Figure
		The second secon	

all an en eye's mypunging · Land Balleria with the said with SAME TO STATE OF THE PARTY. LOW THE ROLL OF THE PARTY OF TH The state of the s PERSON A LINEAR THE MEET COMMITTEE AS COMMITTEE AS A STATE OF THE PERSON AND ASSESSMENT OF THE PERSON ASS AL 60 and after the first protection and the first protection of the first pro 7235

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07223

	-	_	1	
(V	1)
1	1			/

ter death. Poge 4

PITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed with they fer death. Page 4 may be retained by the haspital ar ottending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Baard af Health prior to burial, crematian, ar removal, and in any event, within 72 hours offer death.

PIT	a se r	FUNER	page 3 sh
10	m	10	pd.
VR 1S	AI	9/9	(4)

1. PLACE OF DEATH o. COUNTY WASHT	NGTON	MARY	LAND	2. USUAL RE o. STATE	MARYL		lived. If institution b. COUNTY	on: Resider ASHI	nce before NGTO	odmissi N	on)
b. CITY OR TOWN (If outside RURAL and give nepres) for HAGERSTOW	corporate limits, write	c. LENGTH OF STAY		c. CITY OF		utside corpore	ole limits, write R	URAL ond	give neare	st town)	
d. NAME OF HOSPITAL (IF no OR INSTITUTION TO N		oddress)		/ d. STREET 617	ADDRESS HAYS	AVE.					DENCE FARM2 NO [A]
3. NAME OF DECEASED (Type or print)	LEN]	RENE Middle	BICE	L	fzo	4. DATE OF DEATH	JUNE	th	Doy 1	_	ear 9 61
	OR OR RACE 7. MAR	RIED NEVER MARRII		11/28	4		9. AGE (In years lost birthdoy) 60 yrs.	Months Months	Doys I	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give during most of working life, HOUSEWIFE) 13. FATHER'S NAME PHILIP B. H	kind of work done even if retired) 10b	HOME	R INDUS	IA. MOTHER	IDIANA	AME	JGANS		S.A	VHAT CO	DUNTRY?
1S. WAS DECEASED EVER IN U. S	war or dates of service)	SOCIAL SECURITY NO. 214-09-044	2.0	RS. LO	ois Jo	AN S	revens	HAGE	RSTO MD.	WN	
Conditions, if ony, whing over ise to immedia couse (a), stating the underlying couse last.	DUE TO	runin	~~	1	cen	ix u	rteri				
PART II. OTHER SIGN OF CONTRIBUTING CAU UI (IF EITHER, NOTIFY MEDICA		CONTRIBUTING TO DE				U-1		EN IN PAI		PERFOR	NO D
	SE OF DEATH			CE OF INJURY			1		C 1 1		(54-4-)
20c. TIME OF INJURY Mont Hour o. m. p. m.	While	Not while of work		tory, street, off			or town;		County)	Ш	(Stote)
21. I certify that (I) (the saw the deceased aliminates) 220. SIGNATURE		/ /	that de	,	ed av 4	M from	STAFF PHYS.		e date s	tated	
22c. PHYSICIAN'S NAME (Type)	. PACK	Ked on		22d. ADD	PRESS						
REMOVAL (Specify)	6/19/61	WOLFSV			CHURC	CH	WOLFSV	ILLE	MI	_	2)
24. FUNERAL DIRECTOR'S SIGNA	10 TA	ADDRESS	mi	MI	DATE II	IN 2 0			F. Hau		

THE RESIDENCE OF STREET, STREE	
	HET BUT BUT IN THE STATE OF THE
THE REPORT OF THE PARTY OF THE	Managara and American State of the Control of the C
court the second	Tries Totals 1 (2.8
THE REAL PROPERTY OF STREET OF STREET	erwanie la entro
The same and the same of the s	

VS A15 (4) 15M 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
----------	------------------	----------------------	----

7236 CERTIFICATE OF DEATH

			0	my	9	9	1
Reg.	Dist.	No.	U	6	64	6	64

1600	<u> </u>	0. 0		Reg. Dist. No. U & & & 1
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	Maryla	nd b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OF TOWN (If outs	side corporote limits, write Ri	URAL and give notrest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd) OR INSTITUTION (NASh) motor County	ress) Hoggital	9400 Kan	do Aver	e. Is residence On a farm? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	Middle	Bound	OF DEATH JUNZ	th Doy Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED FEMALE WIDOWED [B. DATE OF BIRTH March 10,19	9. AGE (In years last by though 5 3 yrs.	if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done lob. KIN during most af working life, even/if retired)	D OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or	foreign country)	12. CITIZEN, OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	NE Ruch	al Prott
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yos. no. or unknown)	-36-4281 (F	NFORMANT HILL	Jaughten Si	Wer Sariha Me
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	enshalus		INTERVAL BETWEEN ONSET AND DEATH
733 X DUE TO ()	Jaical	17/10 0	of of hi	2 1 1202
gove rise to immediate cotse (o), stating the under-	J	1)
PARTI OTHER SIGNIFICANT CONDITIONS CON Dia beter huverte	DEALONS TO DEATH BUT	NOT RELATED TO THE TERMINA	DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D
20g. ACCIDENT WAS UNDERLYING 70b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enler noture of injury in Par	1 I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work p. m.	Not while fo	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased	from June 5	5 , 19 , to		,that I last saw the deceased
ACTUAL SIGNATURE ALLE SIGNATURE	es and that death		M, from the causes a loress (Street, cify or lawn, s	and on the date stated above. DATE SIGNED
PHYSICIAN'S Jo Khu J. Dob	bis 111.5) Hagenst	own Md.	J ,
22a. BURIAL, CREMATION, 22b. DATE THEREOF 2. REMOVAL (Specify) 6/10/61	HSh Memo	OR CREMATORY 2	Sandy Sp	r county) FING, Md
23. FUNERAL DIRECTOR'S SIGNATURE Sunde	- Roe Kuille	24a. REC'D I DATE JUN		STRAR'S SIGNATURE

		OWNER -		
THE RESIDENCE OF THE PARTY OF T				
	HILLEY DESKINE			
			The same	
				CHARGETIES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND NASHINIC-TON death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) g RURAL and give nearest town) should TAGERSTOWN NIC-WOOD d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION CUNITY HOSPITA NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH A YAN ROADWA S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years lost birthdoy) DIVORCED [WIDOWED [PIF yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMES AL ROBDWATER al 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NIGWOOD W.YA 18. CAUSE OF DEATH [Enter only one couse per line tos (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying souse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) 0. fl. While Not while 19 of work of work 21. I certify that I attended the deceased from and that death occurred at 8:30 AM, from the causes and on the date stated above. alive an 013 ADDRESS (Street, city or Jown, stote) ACTUAL SIGNATURE PHYSICIAN'S MAGERSTOWN 225. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

ADDRESS

Reg. Dist. No

Months

RESTON

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES |

NO P

(State)

DATE SIGNED

(State)

Days

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

____that I last saw the deceased

e. IS RESIDENCE

ON A FARM? YES NO TH

Yeor

196

23. FUNERAL DIRECTOR'S SIGNATURE

THE RESERVE OF THE PARTY OF THE	
a make the contract of	
	To the state of
	green, Tree
Affect of the party of the part	
P shall be so ben't be que	The Mineral III
	A PARTIES
Arrests Towns of the Control of the	

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I director. Page or your files. oard of Health, e. COUNTY e. STATE b. COUNTY necessary, Washington
b. CITY OR TOWN (if outside corporete limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Washington, D. C. Hagerstown State Board for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? he funeral Thaver Street N. retained YES NO Washington County Hospital 3. NAME OF DATE Month DECEASED with the (Type or print) DEATH 1.8 6 61 19 Lathrobe Brown 3 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may lest birthdey) 3yrs. age 5 may 1 and 2 will 72 hours pue Months Days Hours 1898 male Mar. WIDOWED DIVORCED in pencil in Item 18. Give Pages 1, 2, IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Retired - U. S. Navy Yard pages I within Marvland U. S. A. form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Elizabeth Shaw Albert Brown mmah ka ka ka ab ke FIB event 218-34-7212 218-34-7212 weeksinger Nellie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no, or unkown) | (If yes give we ror detes of service) with (same as above) any This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along burial-transit .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Skull - + Cerebrai and IMMEDIATE CAUSE (e) DUE TO removal, Hemorrhage. Conditions, if any, which ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO (e), steting the underlying 5 cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO Z 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY BOT CONTRIBUTING burial, CAUSE OF DEATH. EDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While 0 While Wash et work et work Nr. prior Inspection 21. I'certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion MEDICAL agent, Accident L Suicide Homicide | Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF (State) REMOVAL (Specify) Ft. Lincoln Cemetery Prince 0 6 Georges Co. Md. 04 Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME The S.H. Hines Co. Washington, D.C. DATE JUN 2 3 '61 5M 7/59 Cirthun S. France

MARYLAND STATE DEPARTMENT OF HEALTH

.5 .5 .mozamidan Enle control venter 16.8 16.8 Noticed + U. S. Mayer Yard A Dear Type S. U + Stations water of the state Secondary and the second succession of the second s an was the transfer of the transfer of the transfer of the .Di col corrori mantel resummon miccola di e galla di intend Though B. Eiger Co. Mark Instant, H. H. Mannak to Be and B. E. Moon T.

239

CERTIFICATE OF DEATH

-	-	-	-	
0	7	5)	9	burd.
U	3	Ki	L	4

Wash.

	77
1. PLACE OF DI o. COUNTY	HTA
b. CITY OR T	

ashington MARYLAND c. LENGTH OF STAY IN 16 (If outside corporate limits, write

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Md.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE

M.A. COUNTY

THE C. C.

b. COUNTY

Hagerstown 3 days						X SMI	thsbu	rg						
	d. NAME OF HOSPITA OR INSTITUTION Washingto					d. STREET		ter	St.					DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Elbra	st	Owen		Brow	ost n	4. DATE OF DEATH		Month	une	18,		9 61
	ale	6. COLOR OR RACE white	7. MARRIED	NEVER MARRI		an. 1	200	4	9. AGE (In		Months	1 YEAR Doys	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) painter aircraft							PLACE (Stote	_	country)		12. CIT	ZEN OF	WHATC	OUNTRY?
13.	FATHER'S NAME	ohn D. Br					'S MAIDEN N		llen	R.	Wage	amar	1	
	yes	yes, give war ar dates of s	217	7-03-26]	1 M		ula H	. Br	owh,	Smi		oure	5, M	d.
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	417	26105C1	21164	101	4200	17	13 22	FE.		INTE ONS	RVAL BET ET AND	DEATH
	Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediate (MER	raplie,	56	4nt.	3410	(0/8)	BOSK	5		VK	KNI	on iv
CERTIFICATION	PAINII. OTHE	R SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	ATH BUT NO	OT RELATED	O THE TERMI	NAL DISEA	SE CONDITIO	ON GIVE	N IN PAR	T 1(o) 19	PERFO	NO X
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY C	CCURRED.	Enver noture	of injury in I	Port I or Po	rt II of item	1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of work	Not while of work	20e. PLAC foctor	E OF INJURY y, street, offi	(Home, formice bldg., etc	, 20f. (Cit	y or town)		(0	County)		(Stote)
21. I certify that (I) (this haspital) attended the deceased fram JONE 15 1961, ta JONE 16 1961, that (I) saw the deceased alive an JONE 17 1961, and that death accurred at 1971 M, fram the causes and an the date state														
	220. SIGNATULE	whisek	1		М.	_	A DI	ED. RECTOR	STAFF PHYS. [6-	19-6	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	LANdin	SAGAI	(22d. ADD	RESS	efter	my			_/	44	,
23a	BURIAL, CREMATION REMOVAL (Specify) Durial	6-20-6]		Smiths			terv		thsbu				(Stote	:)

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, or remayal,

VR A1S (4) 1SM 9/S9

thours after death. Page 4

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

physician and campletely filled in by the funeral emave carban papers. Pages 1 and 2 shauld bed

Pages 1

event, within 72 haurs after death

Then please remave carban papers.

the attending and in any

> 24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son, Smithsburg, Md. DATE

ADDRESS

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TWIN SEE				
				П
		symb s	иносоль, Мі	
	peter la lia		gamot in Southele	
ę				
A 11 12 12 12 12 12 12 12 12 12 12 12 12	Jun. 1, 1804		of life of the	
	•			
desked , a sala			5 an D. Bo	
. M Storman	tot. 2019 c. T	1298-54-318		
		Mary Charles		
		State of the		
		-112/2/1-2		
			Lo-ba-b largud	
		endend , noc s	Scottor Bitantab	

	- 4		View
	ter this certificate has been signed by the attending physician and completely filled in by the funeral director,	I far use as the burial-tronsit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	The contract of
1	completely filled i	papers. Pages 1 a	ours after death.
	ng physician and	e remave carban	oriar to burial, cremation, or remaval, and in any event, within 72 hours after death.
	d by the attend	nit. Then pleas	val, and in any
ig physician.	has been signed	ourial-tronsit pern	emation, or rema
spiral or arrenaing physician.	ter this certificate	I far use as the k	oriar to burial, cr

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

t haurs after death. Page 4

me, we retained by the hosp TO FUNERAL DIRECTOR: After poge 3 should be detached the State Board af Health pri

					UNNAU
1. PLACE OF DEATH o. COUNTY	TOWN PARENT	2. USUAL RESIDENCE (Whe		institution: Reside	nce before odmission)
WASHINGTON	MARYLAND	MARYLI		WASHIN	CTON
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits		
RURAL and give nearest town) HAGIERS TO WIY	EMANNE	V - R	UKAL -		
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	OKAL		e. IS RESIDENCE
OR INSTITUTION				2 1	ON A FARM? YES NO I
WESTERN MARYLAND STA		CLEARSPR		KIL	I IES RO INO []
3. NAME OF DECEASED (Type or print) CLINTON	Middle	CHURCHEY	4. DATE OF DEATH	Month UNE	Day Yeor
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (.1 1	R 1 YEAR IF UNDER 24 HRS
MAIE WILLITE WIDOW		10000000 17-	1911 1051 61	rthdoy) Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b.		STRY 11. BIRTHPLACE (Stote o	r foreign country)	17	TIZEN OF WHAT COUNTRY
during most of working life, even if retired)	T-n.	diana			
LABORER	FARM	SHARKSBURG		0.1MM.	J.S.A
13. FATHER'S NAME		14. MÖTHER'S MAIDEN NA	AME		
OTHO E . CHURE		NORA	d. Tuc	KIER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
No. 2	13-18-8679 M	RS. EDNA CHU	MCHEY CO	EARSPIRIA	16 NO. R.
18. CAUSE OF DEATH [Enter only one couse per li					INTERVAL BETWEEN
BART I DEATH WAS CALISED BY		ou acchiera	,		ONSET AND DEATH
11-	cute corona	eg occiusion			70 /////-0/1
420.1 DUE TO			3		
Conditions, if dny, which gove rise to immediate (b)	pertensive can	edio vascular	UISZASE.		7 years
cause (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
3 1) appeioscherosis oblitera	ins archeric	atrial tibrilla	how		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE			n 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	t.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)		(County) (State
Hour o. m. While of wo	INDI WITTE	ererj, ander, errice ereg., erer,			
	ded the decreed Cons	12-14 106	60. to 6 -	5 - 100	6/, that (i) (we)-las
21. I certify that (I) (this hospital) attend		17.	JE 1.10		
saw the deceased alive an 6 - 9	1967, and that	death occurred at/133	M, from the cal	ses and an th	
22o. SIGNATURE	1	ATTENDING MEI	D STAFF		22b. DATE SIGNEI
Victor L.	camas,		ECTOR PHYS.		June 6/19
22c. PHYSICIAN'S NAME (Type)	0	22d. ADDRESS Wes	bern md.	State Ih	spikel
VICTOR L.	Kamos, mr) Hagers	hun, me	aryland	4
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City		
PHAIA Specify DINE, 9, 1961	MOUNTAIN VII	EW CEMETERY	SHANDS	30R1- W	ASH, CO.MD.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 2	5b. REGISTRAR'S S	1911
1. TY. (10) A.		0.00		Circling .	
I want the west.	1 DOONS BORD	DATE UN	14	Constant 7	

VR A15 (4) 15M 9/59

A STATE OF BYEN STREET, STREET

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7241

CERTIFICATE OF DEATH

07229

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If Institution: Residence before edmission)
MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL end give neerest town)	C. CITT OK TO WIS (II COISING CORPORATE MINIS, WHIS KEINE SHE SHE SHE MINIS)
HACERSTOWN 3 DAYS	LUNICSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRES'S e. IS RESIDENCE ON A FARM?
MACH CA. HACDITAL	III STOUFFER AVE YES NO X
WASH, CO, HOSPITAL Middle	Lest 4. DATE Month Dey Year
DECEASED	OF ,
(Type or print) DMER - CLAU	CARK SUNF - 20 - 17 UV
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MAIE WIDOWED DIVORCED	Min. 19 1884 77 yrs. Months Days Hours Min.
DIFFE WITH C	TRY 11. PIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
KETIRED EMPLOYEE N.Y. CENTRAL IRON W	onks WASH, CO.MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENIONIN I BLACK	MARY JANE HARMAN
	INFORMANT I Address FER AVE
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	nr oliver all him
IV)	RS. BLANCHE CLARK FUNKSTOWN MD.
18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ulny
42011 DUE TO 0	
10 M anivo 11	turo Echrosis June 7-1961
Conditions, if eny, which geve rise to immediate cause	7
(a), steting the underlying DIFTO M	, , , ,
ceuse lest. (c)	curus
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
E Corphyles July - Congr	Refer Lung.
	ED. (Enter Nature of injury In Per () or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
0	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While to the work at work	t A
	3cl 5 , 1959 to June 20, 196/, that (1) (wo) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on	at death occured ab. 20. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
1 show howerles	M.D. PHYS. DIRECTOR PHYS. D
22c, PHYSICIAN'S_	22d. ADDRESS
NAME (TYPS () NEV MOVENSTE	n -turbodum Ma
238 BURIAL CREMATION 23b. DATE HEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
238. BURIAL, CREMATION, 23b. DATE (HEREOF 23c. NAME OF CEMETER)	2 1110 11 000
RURIAL JUNE, 23, 1961 KEST HAVE	N CEMIETERY HAGERSTOWN IVID
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Jahr W. 19AST BROWGROWA	NID DATAUN 29'61 arthur & Kraus
1 Coulding	TATE TO THE TATE OF THE TATE O

COURS FEEL THE STATE OF THE REAL PROPERTY OF THE PROPE

FOR STATE **HEALTH DEPT** please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or remoyal, and in any event within 72-hours after death. any delay is necessary, PULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deat

L VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DO 10 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07230

3 FL 3 FF	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
*. COUNTY Washington MARYLAND	•. STATEMaryland b. countyontgomery
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
write RURAL and give nearest town) Hager stown 4 days	Rural Clarksburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
Washington County Hospital	Box 1) 5 X-J YES X NO [
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Bobby Eugene Coffey	
77 Mariane La Mariane La	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	May 16, 1940 21 yrs. Months Days Hours Min.
dona during most of working life, evan if ratirad)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Nursery 13. FATHER'S NAME	Kings Mt. N. C.
James Coffey	Edna Breakfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yas. no. or unkown) i (Ifyesgiva weror dates of servica)	s. Edna Coffey Clarksburg, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) The Ture	12 ch. 5 days
902.8 DUE TO	Ca cewical verteline)
Conditions, if any, which are rise to immediate cause	(6 Carrier Octivate)
(e), stating the undarlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES -HO
E PRIMARY TO CONTRIBUTING DIVEL 25 FREY	to the Shallow (4ft) water
O and the state of	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. 6 1/ 19 6/ et work et work	onocacy River Clarkshing Hont. 12d
21. I certify that I took charge of the remains described above, he	ald an Autopsy nspection Inquiry and in my opinion
death resulted from: Natural causes , Accident Suici	ide, Homicide, Undetermined manner
0. 0 0 N	CHIEF MEDICAL EXAMINER
SIGNATURE Schwink W. W/HO III	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Daniel Date 222	DEPUTY MEDICAL EXAMINER [G/16/6/
NAME (Type) Edward W. Ditto III	Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 6-17-61 Clarksburg Co	
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE JUN 1 9 '61 Chilmy S. Kraus
Scott F. Minnich & Son Hagerstown	n, md DATE JUN 19'61 Cirling S. Kraus

2 for 1 6/19/61 mh Film G288

SALE AND STREET STREET, STREET STREET, STREET,

Seers In State of Burgers over advantage of the seers of the see of the seers of th

THE STATE OF THE PROPERTY OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7243 CERTIFICATE OF DEATH 07231

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
H	• county Washington Maryland	e. STATE
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give nearest town)	A 2 Ha comatown
/	Hagerstown 9 Weeks	03 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	906 Pope Ave	2003 Jefferson Blvd YES NOX
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF
	(Type or print) CHARLES EDWARD	COMER DEATHJune 16 1986 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWER DIVORCED 1	arch 17 1886 75 yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working life, aven if retired) Penna R. R. Retired	Luray Paige Co Va. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	Edward Comer	Georgiana Burner
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unknown] (Ifyes give we rordetes of service)	NFORMANT Address
П	10 17 A7 (12-4)	son Burner Funkstown Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)/	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) PC. UN VOC GO	dial In Brictian Innuel
	11250	0
	Conditions, if any, which) (b) Colored Carter	inscharge and 10-ma
	geve rise to Immediate ceuse	is so court at a
	(a), stelling the underlying couse last.	i henst cliseare
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER. NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO THE
	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
)		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. P.m. 19 While Not While et work et work	ory, street, office bldg., etc.)
		Aug. 1960, 19, to Just 16, 1961, that (1) (40) last
		death occured at S.S.M., from the causes and on the date stated above.
Ш	22a. SIGNATURE	22b. DATE
	So of last da III	D. PHYS. STAFF DIRECTOR PHYS. 6/16/6
1	22c. PHYSICIAN'S	22d. ADDRESS
1	Edward W. Ditto 111, M. D.	217 West Washington St.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 6/19/61 Rest Haven	cemetery Hagerstown Wash oo Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
,	Andrew K. Coffman Hagerstown Md.	DATE JUN 2 0 '61 Chilur & thous
	- I I I C.	

and partial state of · Control of the second THE PURPOSE STATE STATES STATES OF THE STATES The state of the s State of the late of the state A THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. JUNE DE STATE OF THE STATE OF T Augrer S. Colling haspranen as.

M

7244

TO H

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07232

)		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o _{ASTATE} , b ₂ , COUNTY								
		Washington	Maryland Washington								
	Ł	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)									
	-	Hancock I. NAME OF HOSPITAL (If not in hospital, give street	18 days	XHancock			C DECIDENCE				
4	,	OR INSTITUTION	address)	d. STREET ADDRESS	C.		ON A FARM?				
1		Hancock Rest Home		1 145 W. Mai	n St.	Y	ES NO DE				
d		NAME OF First	Middle	Last	OF	anth Day	Year				
	-	Type or print) Edgar	Byrd	Cornelius	DEATH 6	12	1961				
	5. S	EX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday)		UNDER 24 HRS.				
Y	2	Male White WIDOW		10/2/1873	87 yr	s. 3073					
1	10a.	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF W	'HAT COUNTRY?				
		Grocer	rocery Store	Hancack	Manuland	U.S. t	9				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	IAME						
		William S. Cornelius		Mary Cath	erine Duen						
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IF	IFORMANT O	Ac	ldress					
	,,,,,,	No	N	Irs. Mary Ext	ine Habo	ock Manus	land				
		18. CAUSE OF DEATH [Enter only one cause per li	ne far (a) (b), and, (c).]	15	1	INTERV	AL BETWEEN				
		PART I. DEATH WAS CAUSED BY:	(pro	Go Tras	Cullar		AND DEATH				
		IMMEDIATE CAUSE (a)	~			- Amely	9-00				
		1 ~ ~ '	aslo	no Scle	rotic 1	21.					
		Canditions, if any, which gave rise to immediate (b)	cocc	- a succe	10000	MAGA					
>		cause (a), stating the under-				CONTRACT.					
	7	lying cause last.									
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?									
						Y	ES NO 🔼				
	CERTIFI	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)						
	AL	20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY Hame, farm	. 20f. (City or town)	(Caunty)	(State)				
	MEDICAL	Haur a. m. While at war	(Cabiny)	(3.3.6)							
	×	- / /									
		21. I certify that (I) (this hospital) ottended the deceosed from. 5/15 19. Tto 6/12, 19.61, that (I) (we) last									
		sow the deceased alive on									
		22a. SIGNATURE	Don.	1			22b. DATE SIGNED				
		n'Monday	THE	M.D. ATTENDING	ED. STAFF RECTOR PHYS.		3101460				
		22c. PHYSICIAN'S		22d. ADDRESS	ancork	n. A					
		NAME (Type) E M SHAFFER	<u> </u>	100	mes q	ma	1				
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	, ar caunty)	(State)				
		REMOVAL (Specify) Durial 6/15/61	S4 74	C	11 1	Manulan	1				
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	puscopal 25g. REC'	D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE	10.				
	1	1 , 0 1) -8.	0 41 0	2 2		ing & Trans					
A	1	ATTICOCCIONE IN SHIN	NOME TO MAKE	DATEIN	1901						

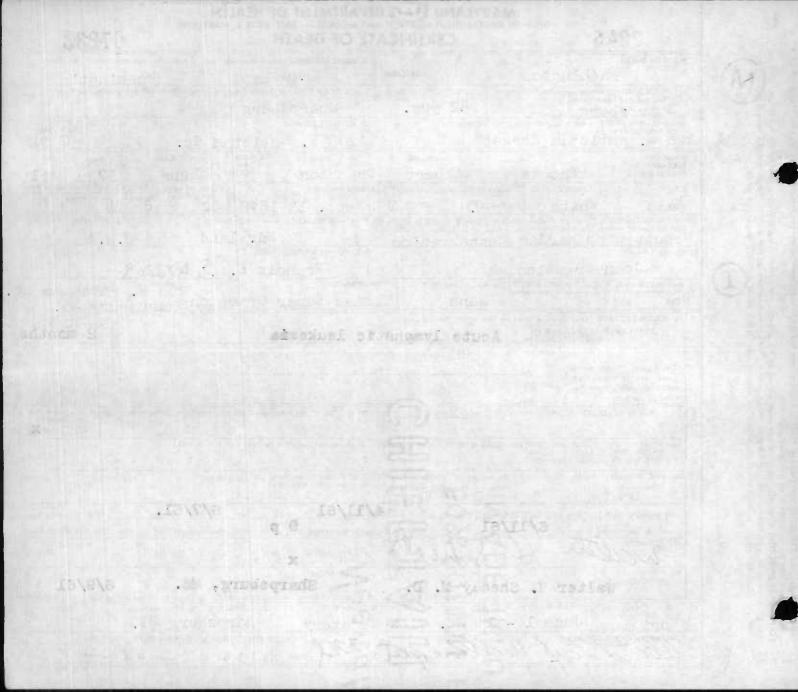
		2002-1200/			milion is less
		/lancock			domni)
	3.7	145 le 2001		and flower	W. damend
		(annellus	Pund	simb?	
	42	10/2/1673		Wilte	، هذو
1.5.0.	Manalagna'	//ancordy	Emeeny Store		Current
	ine Oyer	. Ilmay Cathen		Connectius	Schleim S.
Estalatrus s	a Manaio	Man, Many Fellin			110
		14000			
THE CAN					

VR A1S (4) 15M 9/59

7245

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	h COUNTY	ion: Residence before odmission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	 		RURAL and give nearest town)
Sharpsburg	82 yrs.	Sharpsbi	urg	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
206 W. antietam Stree	t	206 W. An	tietam St.	YES NO NO
3. NAME OF First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print) Thomas	Albert	Crampton	DEATH June	7 1961
S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	
Male White WIDOW	ED DIVORCED	Sept. 13 1	878 82 yrs.	7
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Deputy Game Warden Co	ryland state	ISTRY 11. BIRTHPLACE (Stote of	or foreign country) dryland	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
John Crampton		Franci	SE. SAY	LOR
(Yes, no, or unknown) If yes, give wor or dates of service)		NFORMANT	200	bess W. Antietam S
No	None T	nomas Edgar	Crampton Sha	arnsburg Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	cute lymphat			ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Fa	off for roll if of field to.,	
Hour o.m. 19 While of wor	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this hospital) attends saw the deceased olive on 6/11/6 22a. SIGNATURE	ded the deceosed from:	death accurred a P		• 19, that (I) (we) last nd an the date stated obove 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Walter H. She	aly M. D.	22d. ADDRESS	sburg, Md.	6/9/61
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL June 10-61	23c. NAME OF CEMETERY C	Cemetery	23d. LOCATION (City, town, Sharpsburg	Md.
24. FUNERAL DIRECTOR'S SIGNATURE WE	Comset	- 1/10		ISTRAR'S SIGNATURE



TO HO

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-		_		
1	my	0	7	7
8 3	4	/	-4	6.4

3246

CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	4			deceased lived. If institution: Reside	ence befare admission)				
		hington	MARYLAND	o. STATE Maryland	b. COUNTY Fre	derick				
	b. CITY OR TOWN (If a	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	e carporote limits, write RURAL and	give nearest tawn)				
		erstown	10 days	Yellow Springs (Rural Frederick)						
	d. NAME OF HOSPITAL	(If not in haspital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
1	Western Ma	ryland State F	Mospital		10X-	ON A FARM? YES NO				
-	3. NAME OF DECEASED	First	Middle		DATE Month	Day Year				
	(Type ar print)	ELMer	Kichard	CKFRR2	DEATH	3 1961				
	5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE last birthday) Manths	R 1 YEAR IF UNDER 24 HRS.				
	Male	White widow	ED DIVORCED	1-2-1886	75 yrs.	Days Hoors Mill.				
	10a. USUAL OCCUPATION during mast of working	(Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	reign country) 12. CI	TIZEN OF WHAT COUNTRY?				
	Retired Tr			Frederick C	o. Maryland	U.S.A.				
_	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
1	John D.Cre	bbs		Margaret L.	Holzapfel					
	S. WAS DECEASED EVER	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address					
	(Yes, no, or unknown) (If		20-03-6589 Ra	ymond Crebbs R	t.# 7 Frederick.	Maryland				
	18. CAUSE OF DEATH	Enter anly ane cause per li				INTERVAL BETWEEN				
		WAS CAUSED BY:	rebro vo	scular ac	cident	ONSET AND DEATH				
	331	MMEDIATE CAUSE (a)	21300000	0		The state of the s				
	Canditions, if any		sential	humeston	113001	untran				
	gave rise to ime	mediate DUE TO	sential	ryproces	13100	- CONTENTO				
	lying cause lost.	e under-		0,						
		(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	PT 1(a) 19. WAS AUTOPSY				
	OF COMME	Comment Comments	CONTRIBUTING TO DESTIN	THO REDUIED TO THE LEMMINAE	DISEASE CONDITION SIVEN INTE	PERFORMED?				
)	20a. ACCIDENT WAS	LINDERLYING T 20h DES	CRIRE HOW INJURY OCCUPPE	D. (Enter nature of injury in Part I	or Port II of item 18.)	YES NO I				
	PART II. OTHER	CAUSE OF DEATH	SCRIBE HOW INSORT OCCORRE	D. (Lines nature at injury in Fair I	at full from them re.;					
	3 20c. TIME OF INJURY	Manth, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20	Of. (City or tawn)	(County) (State)				
	20c. TIME OF INJURY Haur a. m. p. m.	19 While	_ HADI MILIE_	ctary, street, affice bldg., etc.)						
			0 0	MA. 211 2061	1. 9	//				
		n	ded the deceased fram	+	0	() (we) last				
	saw the decease	d alive an the 3.	19_6, and that a	death accurred atM,	fram the causes and an th	22b. DATE				
	Heres.	110 5	01.	ATTENDING MED.	STAFF	SIGNED				
	22c. RHYSICIAN'S	6.	· · · ·	M.D. PHYS. DIRECTO	OR PHYS. P	ne 2. 1961				
	NAME (Type)	YOUNG E	- CHUN	1500 P	enne Ave H	agerstone nd				
	23a. BURIAL, CREMATION	23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d.	LOCATION (City, tawn, or caunty)	(State)				
	REMOVAL (Specify)	6-6-1961	Pleasant Hill		1 1 1 0 11	vland				
	24. FUNERAL DIRECTOR'S	STONATURE OF	ADDRESS	25a. REC'D BY						
	Wobert (Dailey & Son	Frederick, M		'61 arthur &					
	MODEL 6 FINE	JOIL TOWN DOLL	TIEGELT CK W	TI A TSTILL	0,000					

	best ins		not patiengs	
			mentocyclastic	
			wate teached make	
	CRE885 -	Rechard	10 mil 3	
	One Yes			
The section of the section	of the lambered		record when bridge	
1,570	alot .1 bersyalt		adder of min	
find the Country				
of the state of the	Aller of Contract	ally said and		
and the second	HARRY SETS			
les bedrait, and de		STREET COMMONS	TOURS Int	
	No. Perfe		AND STORY FOR	

CERTIFICATION

CAL

REMOVAL (Specify)

23. FUNERAL DIRECTOR

Burial

6/28/61

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Washington o. STATE Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest lown! D.O.A. Pleasantville Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hoffmaster Road Washington County Hospital YES T NO K 3. NAME OF Middle DATE Month Day DECEASED ELLEN LUCTNDA (Type or print) DILLOW June 25. 19 61 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthdey) White 25.1906 Female Nov. WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) HOUSEWIFE Own Home Samples Manor, Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barton Hanes Annie Weaver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Virgie Mae Carey (Yes, no, or unkown) (Ifyesqive wer or deles of service) Brownsville, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET DIAPESTH PART I. DEATH WAS CAUSED BY: LOBULAR PNEUMONIA, BILATERAL IMMEDIATE CAUSE (a) W/ABSCESS FORMATION DUF TO DEHYDRATION (b) geve rise lo immediate ceuse DUE TO (e), steting the underlying BARBITURATE INTOXOCATION? DAYS ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., elc. Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Y. Inspection Inquiry and in my opinion Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DR.E.W.DITTO, JR NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

Samples Manor Cemetery

West Va.

Harpers Ferry.

Samples Manor, Maryland

Circling S. Hours

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

JUN 2 7 '6

DATE

VS. AISME 5M 7/59

and all the second sections and the second section in the second section is the second section in the second STATE OF BUILDING STATE OF STA A. A. Salatin 3 147 8 LOBULAR PYEUMONIA, BILATERAL VIASSESS FOR ATION DEFYORATION E DIVS EMELLING ALL LALL SELL 1.5 SL., STT13.4.3.90 A VIII TO THE STATE OF

		L		7	
	-	1	de-	-	
	1	a		1	
,	1	1	V.		
-					
	1	_	-	1	
				-	1

7248

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0	my	0	2	-
Reg.	Dist.	No	.0	6	0	0

1. PLACE OF DEATH O. COUNTY W.	ASHINGTON		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE HARYBAND b. COUNTY WASHINGTON						
b. CITY OR TOWN and give negrest to RURAL	(If outside corporate limits, write R Wn) HAGERSTOWN		c. LENGTH OF STAY IN 16 3 YRS.	c. CITY OR TOWN (IF			RURAL on	d give no	parest tow	vn)
	HAGERSTOWN	not in hospi	itol, give street oddress)	d. STREET ADDRESS RT.#1 HA	GERSI	OWN			ON	SIDENCE A FARM? NO 🔯
3. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF	Monti		Day		ear
5. SEX MALE	WILLIAM	- MARRIED	DOCH DINEVER MARRIED 8. DIVORCED 1		DEATH 82	9. AGE (In years last birthday) 79 yrs.		7 TYEAR Days		967 ER 24 HRS. Min.
during most of work RETIRES 13. FATHER'S NAME JAMES	TION (Give kind of work do king life, even if retired) D. SALESMAN DOCHERTY EVER IN U. S. ARMED FORCE If yes, give war or dates of ser	FI.			AND NAME NIA	JAMESIO		U.S	.A.	MD.
Conditions, if gove rise to imm (o), sloting the couse lost.	underlying DUE TO	gen art	er (c), (b), and (c).] er (c) (c) fer er (c) oclaro Y attributing to death but N	candrail T	Deo Ros	and and econotion give	EN IN PAR	1	VAL BETWEET AND DEA	ul.
PART II. O	AUSE WAS ONTRIBUTING 20b.		HOW INJURY OCCURRED. (E						PERFO	RMED? NO 🚹
20c. TIME OF INJ Hour o. m	1.	20d. IN While of work	Not while focto	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City	or town)	(Co	unty)	9.1	(Stole)
100	that I took charge of fram: Natural co		mains described abar Accident [], Suite	we, held an Autops cide , Hamicide _M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	(AMINER)	_	100	, ,	DATE 5	
220. BURIAL, CREMAT REMOVAL (Specif BULD TAT 23. FUNE AL DIRECTO			LAWN CROFT	CEM.	LI	TION (City, town, on NWOOD	PEN		(Stole	1)
23. FUNEIAL DIRECTO	OPPLIE	1 A	about secon	7. 1	JUN 2 0		STRAR'S SI Cirlhug			

VS. A15ME(5) 5M 9/55

	MEDICAL EXAMINER'S CHRITICATE OF DEATH	
	The first of the second se	
1 8		
	The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07237

1		7	
	1. PLACE OF DEATH D. COUNTY I.I.	4	100

249

1 1 2 2 0 1								
1. PLACE OF DEATH D. COUNTY Washington	MARYLAND 2. USU		b. COUNTY	on: Residence before admission) Washington				
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH C	OF STAY IN 1b c. C	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)						
Sharpsburg 66	vrs. X	X Sharpsburg						
d. NAME OF HOSPITAL (If nat in haspital, give street address)		TREET ADDRESS	DOL E	e. IS RESIDENCE				
121 E. Main Street	121	E. Main	Stroot	ON A FARM?				
3. NAME OF First	Middle		4. DATE Mar					
(Type or print) Arthur Howe	ell Dor	sey	DEATH Jun	e 21 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER	R MARRIED B. DATE	OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
Male White WIDOWED [DIVORCED Aug	. 21 189	94 66 yrs.					
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUS	SINESS OR INDUSTRY 11.	BIRTHPLACE (State a	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?				
ice residents Cashier Ban	nk S	harpsbur	o Ma.	U.S.A				
13. FATHER'S NAME		THER'S MAIDEN NA	<u>U</u>					
Charles Christian Dorsey	A	nna Mart	tha Stine					
	RITY NO. 17. INFORMAL			ress e.s. C.L.				
(Yes, ng. or unknown) Wif (Yes, ng. or unknown) Wif (Yes, ng. or unknown)			TZI E.	Mann St.				
17 100		olia Dol's	sey Sharpsb					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),				ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bron	cho-pneume	nia - te	rminal	3 Days				
502.0 DUE TO								
Canditians, if any, which) (b) Entry	ysema and	chronic	bronchitis	3 Yrs.				
gave rise to immediate								
lying cause last.								
	G TO DEATH BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY				
Chronic myocarditis.				PERFORMED? YES NO TO				
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIBE HOW IN	NJURY OCCURRED. (Enter	nature of injury in Po	art Lar Part II of item 18.)	TO LI TO IS				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JOKI OCCORRED. (EIIIG	notifie of injury in re	ar y or y or y or y					
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUR		NJURY (Home, farm,	20f. (City ar tawn)	(Caunty) (State)				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUR Haur a. m. p. m. 19 While Nat while at wark at work	16	et, affice bldg., etc.)						
		58 19	6/97/6	1, 19, that (I) (we) last				
21. I certify that (I) (price print) attended the dec								
saw the deceased alive an 6/21/61 19	and that death a	ccurred at	M, fram the causes ar					
22a SIGNAPURE	M.D. AT	TENDING MED	STAFF PHYS.	6/23/61 SIGNED				
22c. Maysician's NAME (Type) Walter H. Shealy M		. ADDRESS	psburg, Md.					
230. BURIAL CREMATION 23b. DATE THEREOF 32c. NAME DEMOVATION June 24-61 Nt/	View Ceme		Sharpsburg					
24. FUNERAL DIRECTORS SIGNATURE ADDRES								
	is for	250. REC'D	BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE				

TO H TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

may retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carban papers₂. Pages 1 and 2 shauld be filled with the State Board of Health priar to buriol, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

THE REPORT OF THE PARTY OF THE

Assistat - sheapeng-enomass - terminal

Bashyrema and chronic bronchitte

Caronic myocardicie.

18/23/31 1953 19 1953

THE PART OF THE PA

Welter F. Shealy M. D. Charmsburg, Mt.

FOR STATE TO FULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deaths, any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-fiften. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hars after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7250 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

												,
	E OF DEATH						NCE (When	e deceasad lived, If		esidenc	e before e	dmission)
V	ashing	ton		MARYLANI		Mary.	land	b. coul	Was]	hin	gton	16
b. CII	Y OR TOWN (if	outside corporete limi	its,	c. LENGTH OF STAY IN 1	b c. (CITY OR TOWN	(If outside o	corporete limits, writ		The same of the same of	_	
Ē	agerst	own, md.		llyrs	03	Hager	stown	, maryla	and.			
d. NA	AME OF HOSPIT	AL OR INSTITUTION (if nol in hosp	ital, give street address)	d.	STREET ADDRES						SIDENCE A FARM?
Dood	on ann	irrol 'Sochi	ncetan	County Hosp.		130 W	. Be	thel Stu	reet		YES T	
	E OF	LV OLL WEIGHT	118 0011-	Widdle Mosb		Last	4. DAT		h	Dey	Yee	
	or print)	Luthe	r	Edward	De	rsey	DEA	TH June	12		19	61
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	OF BIRTH		9. AGE (In years	1		IF UNDER	
ma]		Colored	WIDOWED	DIVORCED [Mar	16 191	13	lest birthdey) 48 yrs.	Months [Days	Hours	Min.
10e. USI	UAL OCCUPATION	ON (Give kind of work king life, even if retire	10b. KII	ND OF BUSINESS OR INDU		IRTHPLACE (Ste	te or foreign	country)	12. CITI	ZEN OF	WHAT	OUNTRY?
	ergyma			hurch	-	ooksv	ille,	Md.	Ui	oAc.		
13. FATI	HER'S NAME				14. MC	THER'S MAIDE	N NAME			-		
	Josep	h Derse	У			maria	Pre	ttyman				
15. WAS	DECEASED EVE	R IN U.S. ARMED FOR yesgivawatordatesofs	CES? 16. 5	OCIAL SECURITY NO. 17	. INFORM	ANT		Addrass	3			
ne	or discounty the	74091404010101010	21	2-14-5853	Mrs.	Dorthy	y Dor:	sey 130	W. Be	eth	el a	t.
18.			ceuse par li	ne for (a), (b), and (c).]		-					RVAL BET	
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)	Coror	ary Occlusio	n					mer.	stant	
	434,4	DUE TO										
Cone	ditions, if any	which) (b)	Coror	ary Atherosc	lerosi	is. Seve	ere			-		
	rise to immedie	DIJE TO										
	e last.) (c)	Cardi	ac Hypertrop	hy							
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	RIBUTING TO DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PART	1(e) 19	. WAS A	
CAT										YI		NO []
PRIM	EXTERNAL CAL ARY or CON SE OF DEATH.		Ob. DESCRIE	BE HOW INJURY OCCURED	. (Enter natu	re of injury in P	Part I or Pert I	l of item 18.)				
WEDICAL 20c.	TIME OF INJUR	Y Month, Day, Ye	0.00			JURY (Home, fe		City or town)	(Coun	ity)		Stete)
WEDI	Hour a.m.	19	While at work		actory, street	t, office bldg., e	irc.)					
21.		at I took charge o	of the rema	ains described above,	held an A	utopsy 🔀 ,	Inspection	on , Inqui	у П.	and i	in my o	oinion
dea	th resulted fr	om: Natural ca	uses 7	Accident , Si	uicide	. Homicide	e ,	Undetermined m	nanner 🗌			
		1	2	1		CHIEF MEDICAL	L EXAMINER			77.		
	TUAL NATURE	1,10	Ux	Tella?		ASSISTANT ME	EDICAL EXAM	AINER		DA	ATE SIG	NED
100	MINER'S			1		DEPUTY MEDIC	AL EXAMINE	R X	-13-61			
	ME (Type)	Dr. E. W.	Ditto.	Jr.		Address (Streat	l, cily, town,		-T)-01			
	AL, CREMATION	N, 22b. DATE THERE	OF .	22c. NAME OF CEMETERY	OR CREMAT	TORY	22d. LO	CATION (City, town	, or country)		(Stete)
Bur	ial	6-18-19	061	MI Gregor	y Cer		EC'D BY REG		STRAR'S SIG	GNATIII	R F	
20	8/1	+ ~ 1	U.	+ 4	,		JUN 1		arthug S			
1 cm	v II Ma	loon Jr.	Nager	Manne Ma	· ·	DATE	AUN 1 3	011	A LINGTON	. 1 hs	uu s	

PRINCE OF STADE OF PERSONS ASSESSED AND ASSESSED. Lower Vision THAT BLEEDE Light and the state of the stat All and the state of the Canada istata . a Vil (4) rele voleded reductive and the 18 1919 will deep Change a character ad. nummers for week and the and years dissev maria proting les leares . . Oal yes tou garder . was also wel-als to the term of A MANUAL CONTROL OF THE PROPERTY OF THE PARTY OF THE PART in later of the later of the content of the later of the

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7251

											-
1. PLACE OF DEATH a. COUNTY				MARYLAND	2. USUAL RESIDENCE MARYI		ere decease	d lived. If institut b. COUNTY	WASH.	before odn	nission)
WASHING					-						
RURAL ond give n								orote limits, write I	KUKAL ond giv	ve nearest to	wnj
CLEAR S		_		O YRS	+		ING,	MD.			
OR INSTITUTION	TAL (If not in hospital, gi	ve street o	ddress)		d. STREET A					ON	RESIDENCE
S. MILI	ST.				I CUMBE	RLAN	D ST	•		YES	□ NO
3. NAME OF DECEASED	Firs	t	N	Aiddle	Las	t	4. DATE OF	Moi	nth	Day	Yeor
(Type or print)	MARY		OOSE		OWNS		DEATH	JUNE		30	1961
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER M	AARRIED [8. DATE OF BIRTH	Н		9. AGE (In years lost birthdoy)			
FEMALE	WHITE	WIDOWED	DIV.	ORCED	OCT 22,	187	9	81 yrs.		Days Hou	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d king life, even if retired)	one 10b. K	IND OF BUSIN	ESS OR IND	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
HOME DUI			OUSE W	ORK	FEABC	DY.	KANS	AS	U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				100
DR. CY	RUS LOOS	ET.			ATITO	E SP	ANGL	ER			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. S	OCIAL SECURIT	Y NO. 17.	NFORMANT		2110 200		Iress		-
(Yes, no, or unknown) NO	(If yes, give wor or dates of se		ONE		CHARLES	DOW	NS	CLEAR	SPRIN	G, MI).
	ATH [Enter only one cou	se per line	for (o), (b), on	d (c).]							BETWEEN ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myo	cradial In	farction	to coronary	artery	occlusio	on			inutes
420	DUE TO			FLOT							
Conditions, if a		Arte	eriosclerot	ic Heart	Disease					15 y	ears
gove rise to i	mmediote (13					
lying couse lost.	(c)										
Z PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING T	O DEATH BU	T NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WA	S AUTOPSY
PART II. OTI	cture hip right,	due t	o fall at	home 20	May 1961						FORMED?
20a. ACCIDENT W	AS UNDERLYING				ED. (Enter noture o	f injury in P	Port I or Por	t II of item 18.)			
	AS UNDERLYING I				0 May 1961		HINE		1-35	en.	
ZOc. TIME OF INJUING Hour o. m.	RY Month, Doy, Yea	r 20d. IN.	JURY OCCURRE	D 20e. P	LACE OF INJURY (Home, form,	20f. (City	or town)	(Co	ounty)	(Stote
Nour o.m.	8:30 a.m. 19	While of work	Not while	XX	Home	bidg., etc.	Cle	ear Spring	Was	hington	Md.
21 1 certify the	at (1) (this hospital)	attende	d the dece	red from	20 May 19	61 10	to	30 June 19	61 19	that (I) (we) las
sow the deced	sed alive on 30 Ju	ne 196	1 19	and that	death occurred	11:55	P-Mto-	the causes of	ad on the	date stat	ed above
22o. SIGNATURE	sea diffe oil		-)	dedili occurred	u u	., 11 OIN	me conses di	id on me	dole sion	22b. DATE
and the	1: Och		26		M.D. PHYS.	G ME	D.	STAFF PHYS.		O Tu	SIGNED Ly 1961
22c. PHYSICIAN'S	nu you	4	0,100		22d. ADDRE	ESS				Z JU.	Ly 1901
NAME (Type)	Archie Robe	rt Cohe	en, M.D.			Clear S	pring,	Maryland			
23a. BURIAL, CREMATIC REMOVAL (Specify		F	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCA	TION (City, town,	or county)	(5	itote)
RUR TAL.	JULY 3.	1961	ST. I	PAULS	CEMETER	Y	ST.	PAUL,	MD.		100
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				D BY REGIS		ISTRAR'S SIGI	NATURE	I 10
Margane	- Rouland	CLE	CAR SPE	RING.	MD.	DATEJUL	5 '6	1 a.	Thun S. F	Trans	

interest and area of the first in the state of th THE RESERVE OF THE PARTY OF THE TAKE OF THE SELECTION HAS BEEN AND THE SECOND TO SECOND TO senti ANTALL LEWIS PART BY BUILDING FOR

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	13		7252		CERTI	FICA	E OF D		NORE 1, MAI	CILAND	072	240	
)		COUNTY Was	hington		MAF	RYLAND	2. USUAL RESI	rylar	ere deceosed live	ed. If institution b. COUNTY	Residence before Washin		
	b	CITY OR TOWN (I RURAL and give no Hager		its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If or	erstown		RAL and give ne	arest town)	
	C	d. NAME OF HOSPIT OR INSTITUTION 182	AL (If not in haspitol, of Sherida				d. STREET A		neridar	Ave.		e. IS RESIDE ON A FA YES N	ARM?
	1	NAME OF DECEASED Type or print)	011a		Midd ictoria	le	Edward		4. DATE OF DEATH	Manth June	24	oy Yeo	61
	5. S	Female	6. COLOR OR RACE	7. MARR			an. 21				Manths Days	Hours	24 HRS. Min.
	10a.	USUAL OCCUPATION during most of work Stitche	ON (Give kind of work king life, even if retired) _	kind of ausiness hoe Fact			oodst		Va.	12. CITIZEN C	F WHAT COL	UNTRY?
)				loffm				maiden n		Dunki			
			R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	4-09-047		formant Ir . Rob	ert I	E. Edwa	Addre	iagers	town,	md
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca	e for (o), (b), and (d Lrcinomate					lccordi	ng to	TERVAL SETWISET AND DE	VEEN EATH 'Y
		Canditions, if o		Br	ochogeni	c car	cinoma					15 wee	ks
	_	gove rise to i cause (o), stating lying cause last.	the under-	:)(:									
	CERTIFICATION		HER SIGNIFICANT CON								N IN PART 1(o)	PERFORM YES 1	MED?
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRISE HOW INJURY								
	MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	19	While of work	Not while at work	foct	CE OF INJURY (ory, street, office	e bldg., etc.)		(County	Tak	(Stote)
		21. I certify the	at (1) (this haspital sed alive an J	l) attend une 2	ed the decease 4_19_61, an	d fram: d that de	May 23 eath accurre		M, from the		, 19 <u>61,</u> to an the dat	hat (I) (we e stated o	e) last abave.
		22a. SIGNATURE	Moll	ta	may	1	ATTENDIN PHYS.	G ME	D. SECTOR P	TAFF HYS. []	314	Jung	DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)			an, M. D.	,	Hag	100	Profes	ssional yland.	Arts	}ldg.;	.,,,,,,
		BURIAL, CREMATIC REMOVAL (Specify) Burial	6-27-61		23c. NAME OF CE	METERY OR	Cemeto	ry		rstown	, Md.	(Stote)	
	-	cott F.	's signature Minnich	& Soi	ADDRESS n Hager	stow	n, Md.	25a. REC'D	N 2 7 6 1		TRAR'S SIGNATI		

				2252	
	e a must utiliza				
	est of the ghood				
	B074-12 - 8 - 19	of the			
. •	,		. The Treat		

TO HO

VR A1S (4) 1SM 9/59

7253

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_											0 10 0	400
)[7	o. COUNTY WA	SHINGTON		MAR	rLAND 2	a. STATE	ARYI		l lived. If instituti b. COUNTY			
	HACERSI	(If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	(7.3		outside corpo STOWN	rote limits, write f	RURAL and gi	ive nearest	tawn)
	d. NAME OF HOSE OR INSTITUTION WASHDNGT	PITAL (If not in hospital, g				d. STREET A		ERSON	ST.		(S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type ar print)	TREBE	st	Middle CLYDE	ERN	DE		4. DATE OF DEATH	JIINE	nth	Day 79	Year 19 67
5	MALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARRI		DATE OF BIRTH	1889		9. AGE (In years last birthday)			UNDER 24 HR aurs Min.
	RETIREI	TION (Give kind of work or king life, even if retired WATER D			STATI	dN	MARY	LAND	ountry)	12. CITIZ		HAT COUNTRY
1	LEWIS	ERNDE				14. MOTHER'S	IA TE					
119	. WAS DECEASED E	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO		TU II	LACEL	Add	ress		
	Yes, no, or unknown)	[If yes, give wor or dates of s		14-09-472	os M	TSS MA	XINE	ERNI	DE HAG	ERSTO	WN	MD.
	Canditions, if gave rise to couse (o), statin lying couse los	g the under-)	Gengre.	tes le	rellet Rt	for	-			1	moys
CEPTIEICATION	PART II. O	THER SIGNIFICANT CON							E CONDITION GIV	VEN IN PART	P	WAS AUTOPS' PERFORMED?
		VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED.	chiter nature of	r injury in t					
MEDICAL	S 20c. TIME OF INJU Hour a. m p. m	. 10	While of wor		factor	E OF INJURY (I ry, street, office			or town)	(Co	ounty)	(Stote
	21. I certify that (I) (this haspital) attended the deceased from them. 1961, ta fund 2, 1961, that (I) (we) las saw the deceased give an fund 2 1961, and that death accurred at MM, from the causes and an the date stated above											
	22a. SIGNATURE	Muster	urgz	~	M.(ED. RECTOR	STAFF PHYS.		6	22b. DATE SIGNE
	274 PHYSICIAN'S NAME (Type)		Hirs	shman, M.D.		22d. ADDRE	エンフ		ashington			
2	30. BURIAL, CREMAT		F	23c. NAME OF CEM				23d. LOCAT	TION (City, tawn,	or county)		(State)
2	FUNERAL DIRECTO	OR'S SIGNATURE	10	ROSE HI	ILL C	EM.	25a. REC'	HA(RAR 255. REG	STRAR'S SIG	NATURE).
	W.J.70	onesit	1/2	ABINE		hirl		1 2 '61		1 - 9 5		

were an army and the last of t The Medican Committee of the Committee o THE RESERVE OF THE SECOND SECTION AND THE SECOND SECTION OF THE SECOND ALL THE CONTRACT OF THE PROPERTY OF THE PROPER Aller Aller The state of the s . L. B. consect the printer The momentum is a light THE STREET SOUTH THE STREET

12	
tion,	
shaul	
ol, c	1
Pag	1
ar to	
direction direct	
Jor Jistro	
f or for y	
thed the	
deat d 3 t retai	
ond and	
moy moy	
24 ho	
hin Po	
8. G PM3	
orm 1	
in the	
ld be ncil ng v rial-t	
shau n pe	
oger i	
endir or's usec	
d "po	
Ward Ward Fxo	
AINE the dica	
XAN inting f Me	
AL E. W. Chie	
10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If arranglay is necessary, please executed extinition of the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	
Y M certi	ol.
NER NER	ar remayal.
P P	Or r
h h	

VS. A15ME(5) 5M 9/55 7254

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3243

1	1. PLACE OF DEATH O. COUNTY A Shington MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE TVD and Was STOUNTY ton						
ŀ		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16			porote limits, write	PUPAL and aiv	n negrest to	wn)
	Hagers			2 Days	1 . 2	rstown	porote filmins, write	No II/L GITLE GIT	g Hoursan To	,,
. 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS e. IS RESIDEN ON A FAR						
	Washington County Hospital				106 Pa					
3	3. NAME OF First Middle OECEASED (Type or print) MADCADET T.OUTCE.			Last 4. DATE Month Day					fear	
		MARGARET	-	LOUISE	EWALD	DEATH	June 1			19
ď	S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Day		Min.
	Female	White	WIDOWED			94	66 yrs.	monns Day	Hours	Mill.
- 14	guring most of working	g lire, even ir retired)		ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	State or foreign o	country) Md.			COUNTRY?
_	Home Serv	ice Dept	P.E.	Co Retired	It Savag	e Alle	ganey C	0	USA	
	3. FATHER'S NAME				14. MOTHER'S MAID					
1	William					h Kinm	el			
	15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dates of			INFORMANT	1 04 17	Address			
	No		214-1	0-5502 Ec	awrd Ewal	g 84 h	rost Av	е	- 5.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gover rise to immediate couse (o), stoling the underlying (o) stoling the underlying (c) ROMANN — (Complete transverse)								HERVAL BETW NSET AND DE	ATH	
	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	CONDITION GIV	EN IN PART 1(a	19. WAS PERFO YES	AUTOPSY ORMED?
- 4	CAUSE OF DEATH.									
	20c. TIME OF INJUI	June 13,190	While of work	k of work 1 22	og Rolling	nd Hoge	,	(County) Wasi	h	(Stote)
	21. I certify th	at I toak charge	af the re	emains described ab	ave, held an Auto	apsy 🔲, Ir	nspection 🖃	Inquiry [-and	find that
	death resulted	fram: Natural	causes 🗌	, Accident Su	icide [], Hamid	ide 🔲, Ui	ndetermined o	ause .		
	ACTUAL SIGNATURE	ACTUAL SIGNATURE SIEVAIL W. DIHO 717 M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
	EXAMINER'S NAME (Type)	Edward W.	Ditt	o 111, M.	ACDEPUTY MEDIC	CAL EXAMINER	_		6/16	/61
	20. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	6/18/61	F 2	t Savage Le	crematory thCemeter		TION (City, town, o	or county)	hatstor	e) Co
2	3. FUNERAL DIRECTOR			ADDRESS		REC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGNA	TURE	
	Andrew K	. Coffmar	1 Hage	erstown Md.	DATE	UN 2 0 '61	Chi	In S. Kra	us	

a Calebra and the	
	A Service of the serv
active to the second	Personal Company of the second

filed

burs after death. Page

burial, crematian,

Hour o. m.

7255

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	•		13797	F
2. USUAL RESIDENCE (\	Where deceased I	ived. If institution: b. CQUNTY 3	Residence before admi	

%. COUNTY Washington	MARYLAND	o. STATE Maryland	b. COUNTY derick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Point of Rocks	porote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION estern Maryland State Hosp		d. STREET ADDRESS Point of Rocks	e. 15 RESIDENCI ON A FARM YES \(\) NO \(\)

Western Ma	estern Maryland State Hospital			Point of Rocks				YES NO		
3. NAME OF DECEASED (Type or print)	First	Middle IELEN IREN	E	FORD	4. DATE OF DEATH	Mon	th ne o	28	,	Yeor 19 <i>61</i>
s. sex Female	1	7. MARRIED NEVER MARRIE		ept. 2,1924		9. AGE (In years lost birthdoy) 30 yrs.			Hours	R 24 HRS Min.
10a. USUAL OCCUPA during most of w Housewi	rorking life, even if retired)	Housework	R INDUS	Point of R				S.A.		OUNTRY
13. FATHER'S NAME Qiuncy L	owery			14. MOTHER'S MAIDEN	NAME					
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORC (If yes, give war or dotes of ser		1	formant les S.Ford,Sr	.Adams	Addi stown, Mar		1.		
	DEATH [Enter only one cou DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	Pulmon		hemore	hage			ONS	ERVAL BE	DEATH
Conditions, if	101	Pulmona	124	metastas	ses			U.	ntn	oun

DUE TO couse (o), stoting the under-3 YEARS capeinoma of cervix lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED?

20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year

MEDICAL While Not while of work 21. I certify that (1) (this hospital) attended the deceased fram June 19, 1961, to June 28, 1961, that (1) (we) last

foctory, street, office bldg., etc.)

saw the deceased alive an JUNE 28 1961, and that death accurred at 512M, from the causes and an the date stated above. 22o. SIGNATURE

Victor L. Rames, M.D. ATTENDING PHYS. 22d. ADDRESS Victor L. Ramos, M.D. His MED. STAFF PHYS. 22d. ADDRESS Western maryland State Hospital 22c. PHYSICIAN'S

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Maryland. REMOVAL (Specify) Point of Rocks, St. Pauls Cemetery.

24. FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son, 106 E. Church St. Frederick, Md. DATE

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

(County)

YES NO

(Stote)

(Stote)

TO FUNERAL DIRECTOR: After this 1SM 9/S9

		•	256K 02
1527-655	in bulgeral		not sittle a
			anti-co varia
	tomor to take 1		
	P. J. S. A. S.		
f	, asoni te ente	No resident	#115.4C
			Transaction of the last
SIM TOWN			

TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after the death certificate be expected within 24 hours after the state of the hospital or attending physician.

Solve TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07245

I. PLACE OF DEATH a. COUNTY				nstitution: Residence before admission
Washington	MARYLAND	a. STATE Maryla	nd b. coun	Washington
write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	63		RURAL and give neerast town)
Hagerstown	45 years		rstown	is preincipal
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street address)	d. STREET ADDRESS	nklin Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle		. DATE Month	Day Year
		REMAN, JR.	DEATH June	23 1961
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		bruary 26, 1	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	D OF BUSINESS OR INDUSTRY		& State, or foraign country)	12. CITIZEN OF WHAT COUNTRY
	ontractor	Shady Grove	, Pennsylvani	a U.S.A.
Abraham Frederick, Fo:		Cornelia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Se	OCIAL SECURITY NO. 17. IN	FORMANT	Address	
Yes, no, or unkown) (Ifyesqiyewarordatesofservica) 21	7-10-3439 Mrs.	Winona Ride	nour Hagers	stown, Md.
1101	vchogeinc Co	arcinomy (1	Rt Lung)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which				
gave rise to immediata ceuse				
(a), stating the underlying DUE TO				
Z. PART II. OTHER SIGNIFICANT CONDITIONS CONTI	DIRLITING TO DEATH BUT NOT	DELATED TO THE TERMINA	I DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPS
FART II. OTHER SIGNIFICANT CONDITIONS CONT.	RIDOTING TO DEATH BOT NOT	KLEATED TO THE TERMINA	E DISTAGE CONDITION OF	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTINUED CONTINUED CONTINUED CONTRIBUTIONS CONTRIB	RIBE HOW INJURY OCCURED. (Enter nature of injury in Pa	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. IN Whila et work	Not Whila factory	E OF INJURY (Homa, farm, y, straet, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) attended	ed the deceased from	261 19	61, 10 ylug 23	, 19.6), that (I) (we) la
saw the deceased alive on			M, from the causes	and on the date stated above
22a. SIGNATURE & Tusky	M.D.	. 4	D. STAFF PHYS.	22b. DATE SIGNI
NAME (Type) F. F. Lusby		230 N Pa	tomac St	Hagerston My
	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, tov	vn or county) (State)
DULIAL	Cedar Hill Ceme	-	Greencastle	Pa,
Suter - Rouzer Funeral Home	ADDRESS	DC- DECID	BY REGISTRAR 256. REC	

Esperatorn Jon John Committee Committ odinie Bis it. Combinetion werear Controller Diedy Green, Conneylvania U.S. N.

not minimal

1400

ARRAMAN VIII THE TAX THE STATE OF THE STATE

Ned - 1. 1. 1 - 217-1-3139 firs. Timona Midemotr Margorytours, 10.

* The state of the

Surjoy - Novement Control Hard States and the Control of the Contr

masternall - - -

The state of the s

moreold acc

7257

TO K

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFIC	CATE	OF DE	ATH

1.	PLACE OF DEATH a. COUNTY			MARY	LAND	a. STATE		nere decease	b COUN	TY .		e admiss	sion)
	b. CITY OR TOWN (If RURAL and give nec	outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	Maryland Washington c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
1	Tancock d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION						Hancock d. STREET ADDRESS e. IS RESIDENCE						
	or institution West High					West	High	Str	eet /				FARM?
3.	NAME OF DECEASED (Type or print)	Annie	st	Louise	F	rench	st	4. DATE OF DEATH		ionth 6	Day 25	-	Year 19 61
5.	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE		9/25/	1874		9. AGE (In year birthday	rs IF UNDI Manths	Days		
10	during most of worki Housewif	ng life, even if refired	dane 10b.	KIND OF BUSINESS O	R INDUST				ountry) rvland	12.C	TIZENOF	WHATC	OUNTRY?
13	FATHER'S NAME				W.	14. MOTHER'S			James				
_		Manning	l.		1		lia C	tto					
	0.00	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO		ORMANT			-	ddress			
F	NO IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL/BETWEEN ONSET AND DEATH												
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloube / cussine Heart Forline This												
	Canditions, if any, which) Olevate Myccardial Inferetion 8 hrs												
	gove rise to immediate cause (a), stating the under- lying cause last. DUE TO Cateriore levothe HEart Dive 15 years.									eo.			
CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (GIVEN IN PA	ART 1(a) 19	PERFO	RMED2
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature o	of injury in F	Part I ar Par	t II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	20d. I While at war	NJURY OCCURRED Nat while	20e. PLA	CE OF INJURY (ary, street, affice	Hame, farm e bldg., etc.	, 20f. (City	ar tawn)		(County)	Ŋ,	(State)
	21. I certify that (I) (this hospital) attended the deceased fram 6 29 1957, to 625 , 1961, that (I) (met lost saw the deceased aliye and 25 1961, and that death occurred 225 R, from the causes and on the date stated above.												
	22a. SIGNATURE 22b. DATI												
	22c. PHYSICIAN'S NAME (Type)	B. THO	MA	SIM M.	2.	22d. ADDR	1AN	COCI	+ , /	yd	/		
23	BURIAL, CREMATION REMOVAL (Specify) Burial	6/28/61	F	Shanks				23d. LOCAT	TOWY		Md.	(Stat	e)
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- UWI	dva i		D BY REGIST		GISTRAR'S		E	
1	Las 201 6	2 9	0	thene	0	100-0	DATEUN	29'61	a	Thung &	Kroug.		

T. T. C. C. ALAN STATE OF THE The same of the sa And the state of t MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7258

CERTIFICATE OF DEATH

07247

1 —		4 14 43 /1									
M	. PLACE OF DEAT	TH			2. USUAL RESIDE	NCE (Where dec	eased lived, If in		idence before	admission)	
ľ	Wa	shington		MARYLAND		rvland	b. coo!41		hington	1	
	b. CITY OR TOWN	(if outside corporete limi	c. CITY OR TOWN	(If outside corpo	rete limits, write	RURAL end g	ive neerest tov	vn)			
	Hagers	d give neerest town)	m	ost of life	03 Ha man	stown					
-		PITAL OR INSTITUTION (d. STREET ADDRES	SOUNI				ESIDENCE	
					136 Broad	la venir				A FARM?	
-	Jackson U	onvalescent	nospita		The same of the sa	4. DATE	- 17 - 11		Dey Yes	ио 🗶	
3	DECEASED	First	ntr	Middle	Last	OF	Month J	une 6		67	
	(Type or print)	EDI		ALMA :	FUNKHOUSER	DEATH			19		
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years I			R 24 HR5.	
	Female	White	WIDOWED K	DIVORCED	October 14,	1876	84 yrs.	Months De	ys Hours	Min.	
1	De. USUAL OCCUPA	TION (Give kind of work	10b. KIND C	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & Stete, or fe	oreign country)	12. CITIZE	N OF WHAT	COUNTRY?	
	Housewi	vorking life, even if retire fe	d)		Wincheste	er. Virgi	inia	U.S	.A.		
1	3. FATHER'S NAME				1 14. MOTHER'S MAIDE					_	
		cus J. Snap				ra V. G.	000				
-						12 1. 9					
		VER IN U.S. ARMED FOR (Ifyesgivewerordetesofs			INFORMANT		Address		M		
	no			C	eorge D. Fur	ikhouser	nagers	town,	Maryla		
	18. CAUSE OF	DEATH [Enter only one	ceuse per line fo	or (e), (b), end (c).)			ONSET AND DEATH				
	PART I. DEA	TH WAS CAUSED BY:	Canahn	ol thromb	neic				3 weeks		
	MMEDIATE CAUSE (a) Cerebral thrombosis										
	DUE TO									To 3 a Charle	
	Conditions, if eny, which (b) Hypertensive cardiovascular disease									Indefinite	
	geve rise to imme	DI JULI TO	100								
	cause last.	didenying (c)									
7	PART II. OTH		TIONS CONTRIBU	UTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVE	N IN PART 1	e) 19. WAS		
-									YES T	ORMED?	
CENTIFIC A TICAL	200 ACCIDENT	WAS LINIDEDI VINIC IT	20h DESCRISE	HOW INTERV OCCUPE	D. (Enter nature of injury i	in Part I or Part II	of item 18.)		1100	X	
TOTAL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH										
		Y MEDICAL EXAMINER)									
IN COLUMN	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)										
037	Hour a.m.	Hour a.m. While Not While et work et work									
Ī		p.m. 17									
	June 4										
	Saw the decaded drive officially and that decan decade a final training the first training and that decaded a first training and that decaded a first training and training an										
	220. SIGNATURE ROLLING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.								6/7/6	SIGNED	
		10000	herry		W.D. PHYS,	DIRECTOR	PHYS.		0/1/0		
22c. PHYSICIAN'S 22d. ADDRESS 148 West							est Was	hingt	on St	reet	
	B. B. Kneisley, M.D. Hagerstown, Mary										
115	23a SURIAL CREMA	TION, 236. DATE THE		. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, low	n or county)	(Stete)	
ľ	REMOVAL (Spacif	y) I la be a c							W 7	44.3	
-	Burial	6/8/196		lest Haven		REC'D BY REGIST	rstown	ISTRAR'S SI	Maryl	and_	
1	Silter - Ro	or's signature ouzer Funera	1 Home	ADDRESS	and the same of th	KEC D OT KEGIST	KAR 230. KEG	131KAK 3 310	SHATORE		
	R. Frankl		I	Hagerstown,	Md. DATE	IUN 1 2 '61	-	Soun & y	4		
							1 1 7	T 44 4 7 3 7			

Jackson Convergence in a partial

Marous J. Enomal

miodanioni

mendanasal al orei to suon

7320 1074 08

Smilenda.

AND SERVICE OF ARTHUR PERSON , l'a remain and the control of the same and the s

Zorn T. Lit

Control on I wanter of the control of the Tablet

and the design and all the second the second

somenib on Locaryo Locaryo against acceptance

E. P. Yellshar, I.S.

Bear and modern of the contract that I have taken anter - Louser Punerel Pers Engurations, Mil.

A to death cares

ferral no successful dasa satisfication

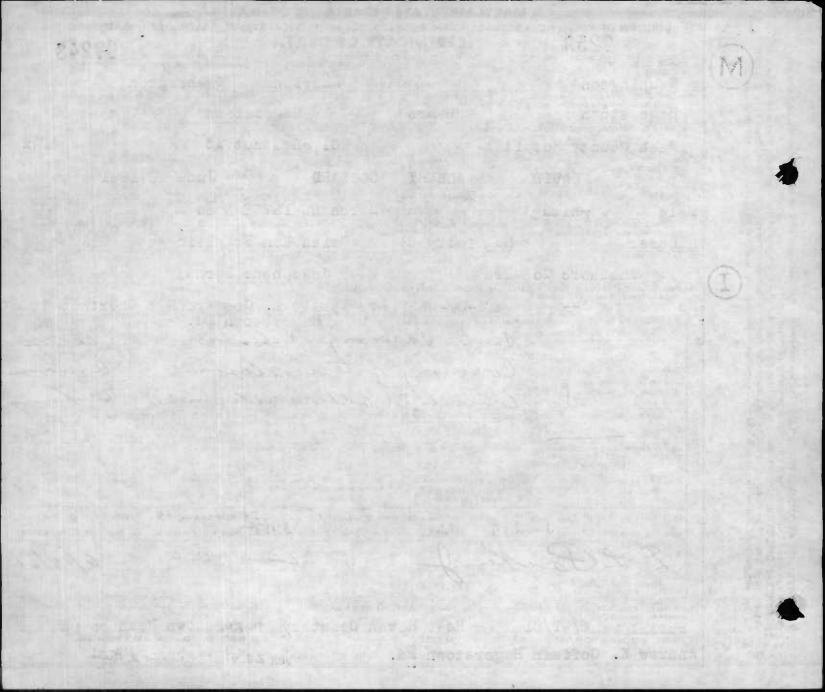
		1	7
Line Charles again and an analysis and	ise relieve carbon papers, rages I and 2 should	any event, within 72 hours after death	
02 050	200	2	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 07248

	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi								
	Washington MARYLAND	"Maryland Washington							
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give naarest town)							
	write RURAL and give neerast town) Hagerstown 6 Hrs	103 Hagerstown							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
1	Wash County Hospital	901 Chestnut St YES NO NA FARM?							
	3. NAME OF First Middle Lest 4. DATE Month D. OF T. T. OF T.								
	2002 1 00 00	OSSARD DEATH June 19 1961 19							
7	5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.							
	Male white WIDOWED DIVORCED M	arch 22 1877 84 yrs. Months Deys Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or forei pountry) 12. CITIZEN OF WHAT COUNTRY?							
	Laborer Hag Duiry Co	Welsh Run Franklin co USA							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Theadore Gossard	Josephene Barnes							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address							
	No 214-09-2837 Mr	's Myrtle M. Gossard 901 Chestnut St -							
	1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	Ha erstown Md. Interval Between ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Scute Cause	on ordusin &hour							
	420.1 DUE TO								
	Conditions, if any, which) (b) Corbons A	itenseleroni Untin							
	geva risa to immadiata causa (a), stating the underlying DUE TO								
	cause lest. (c) Courselved	Atheroschuste Unform							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
	STATE OF THE PROPERTY OF THE P	YES NO A							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THIRE, NOTIFY MEDICAL EXAMINER)	. (Enter netura of injury in Part I or Part II of itam 18.)							
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)							
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 et work et work	ory, streat, office brog., etc.)							
		Feb. 15 1952 to Laure 19 , 1961, that (1) (we) last							
		death occured and, from the causes and on the date stated above.							
	22a. SIGNATURE	ATTENDING MED. STAFF / SIGNED							
	Lacken & M	.D. PHYS. 4 DIRECTOR PHYS. 1 6/19/61							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
	REMOVAL (Specify)	77.							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	Andrew K. Coffman Hagerstown Md.	DATELIN 2 2 '61 Orthur S. Kraus							
		Control of the contro							



07970

haurs after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with VR A15 (4) 15M 9/59

(26) CERTIFIC	Ale Of Death							
n. PLACE OF DEATH o. COUNTY Washington MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Washington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Smithsburg							
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Western Maryland State Hospital	d. STREET ADDRESS RD # 2 o. IS RESIDENCE on a Farm? YES \square NO \text{NO}							
3. NAME OF DECEASED (Type or print) Nellie Elizabeth	GRABLE 1. DATE OF DEATH 6 26 1961							
5. SEX Female 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED								
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWILE	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY USA							
3. FATHER'S NAME William Hahn	14. MOTHER'S MAIDEN NAME Harriett Bostic							
Yes an or unknown) . If we give war or date of service)	Robert C. Hahn, Greensburg, Md.							
Conditions, if ony, which gove rise to immediate cause (o), storing the <u>under-lying cause lost.</u> Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS							
OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO I							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote							
21. I certify that (I) (this hospital) attended the deceased from April 6. 1961. to June 26, 1961, that (I) (we) last saw the deceased olive options 26. 1961, and that death occurred of PM, from the couses and on the date stoted above.								
220. SIGNATURE C. Chun M.D. ATTENDING MED. STAFF June 26. 1916								
22c. PHYSICIAN'S YOUNG E. CHUM	V 22d. ADDRESS. Du penna. Ave Hagerstonn							
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BUT121 6/29/1961 Bethel Ce	metery Cascade Maryland							
ADDRESS Waynesboro, Pen	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE. HIN 2 8 '61 Classical Control of the c							

The BIRMAN Andertia wills A series The state of the s The state of the second of the The second secon

VR A15 (4) 1SM 9/59

7261

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0 10 () "4"		CERTIT	CALL	OI DEATH			Us	AUU
1. PLACE OF DEATH o. COUNTY Washington		MARYL		usual residence (Woo. STATE Maryl		lived. If institution b. COUNTY	Residence bef	
b. CITY OR TOWN (If outside carporate li RURAL and give nearest town) Sharpsburg	mits, write	e. LENGTH OF STAY I	NIP	c. CITY OR TOWN (IF	autside carpor	ate limits, write RU	RAL and give no	earest tawn)
d. NAME OF HOSPITAL (If not in hospital 281 S. Nechanic	give street Stree	address)	7:	d. STREET ADDRESS		c Stree	t	e. IS RESIDENC ON A FARM YES NO
(Type or print) Annet		Middle Moreland C		Gross	4. DATE OF DEATH	Jun d	n D	6 196]
s. sex 6. color or rac Female White	7. MARI	RIED A NEVER MARRIEI ED DIVORCED		ov. 9 18		9. AGE (In years last birthdoy) 82 yrs.	Maphs 2995	R IF UNDER 24 H
10a. USUAL OCCUPATION (Give kind of wor during most of working life, even if retire HOUSEWIFE	100	KIND OF BUSINESS OF	RINDUSTRY	Sharpsbu				S. A
13. FATHER'S NAME David Gloss			14	Sarah Ha		rger		
1S. WAS DECEASED EVER IN U. S. ARMED FO [Yes, no, pr unknown) (If yes, give war ar dates of		social security no. None	Mr.	Charles	F. Gr	2 01 dre	S. Mec	hanic Md.
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CO.	(b) S	CONTRIBUTING TO DEA	TH BUT NO	lew - 3 Cl	Cerry MINAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOI PERFORMED
PART II. OTHER SIGNIFICANT CO	20b. DES	CRIBE HOW INJURY OC	CCURRED. (E	nter nature af injury in	Port I or Port	II af item 18.)		YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while of work at work at work at work 19 of work 19 o								
21. I certify that (I) (this haspit saw the deceased alive an	de de la companya de		110111	h accurred ay A	M, fram I	the causes and		that (I) (we) less stated about 522b DAT
22c. PHYSICIAN'S NAME (Type) JOSEPH	SE	CONDAR		22d. ADDRESS		Ro Mo	1-	
230. BURIAL, CREMATION, 23b. DATE THER BURIAL (Specify) June 8		Mt. Vie			/M	ION (City, tawn, or		(State)
24. FUNERAL DIRECTOR'S SIGNATURE	2011	Memskert	, me	25a. REC	JHN 8	RAR 25b. REGIS	TRAR'S SIGNAT	URE

THE RESERVE OF THE PARTY OF . . Thistonic , with List and principles along the southern the s HATE LAND A PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1262	CERTIFICA	ATE OF DEATH		07	251
1. PLACE OF DEATH o. COUNTY ashington	MARYLAND	2. USUAL RESIDENCE (Where of STATE Maryland	b. COUNTY	on: Residence befo	re admission)
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid		JRAL ond give ned	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS		03	e. IS RESIDENCE ON A FARM?
Western Md. State Hos	A	412 Brookli			YES NO
3. NAME OF DECEASED (Type or print) CARL WILL W	T T COM	4. 5555 (1)	DATE Mant OF DEATH JUN	E 26	196,
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV 12 1896	9. AGE (In years last birthday) 64 yrs.	Manths Doys	Hours Min
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF	F WHAT COUNTR
during most of working life, even if retired) Truck Driver 13. FATHER'S NAME	ester-Long	Hagerstown	Wash co Md	USA	
		Sarah Eve			
Robert LeeGuessfor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116.		INFORMANT	Addr	ess	
(If yes, give war or dates of service)	3-34-8777 MI	s Wilda G. Gu	essford 41	2 Brook	line A
1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	A11	Hage	rstown Ma.	INT	ERVAL BETWEEN
IMMEDIATE CAUSE (o)	ovuar	· pneumou	IR	un	Qnown
Canditions, if any, which) (b)	carcinon	na of to	nque	11	4 mon?
gave rise to immediate couse (a), stating the under-		0	0		
lying couse lost.) (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVI	EN IN PART 1(a) 1	19. WAS AUTOP: PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port	I or Port II of item 1B.)		
Hour a.m. While		PLACE OF INJURY (Home, farm, 2 foctory, street, office bldg., etc.)		(County)) (Sto
21. I certify that (I) (this hospital) attended	ded the deceased from	0 /	1. to 6-26		nat (I) () la
saw the deceased alive on 6 - 26	1961, and that	death accurred at 11 3M,	fram the couses on	d on the date	e stated obov
	ego.	M.D. ATTENDING MED. DIRECT	TOR STAFF PHYS.	June	27. 1961

22c. PHYSICIAN'S

NAME (Type)

ANTONIO U. PALLAGE ROSI

BURIAL CREMATION, 23b, DATE THEREOF 23c. NAME OF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

1500 PENNA AVE HAGERSTOWN MA

(Stote)

236. BURIAL, CREMATION, 236. DATE THERE REMOVAL (Specify) Burial 6/29/61

Cedar Lawn Mem.

250. REC'D BY REGISTRAR

stown sh Co Md

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Andrew K. Coffman Hagerstown Md.

DATE 4UN 2 9 '61

Circhen S. Thouse

THE RESERVE OF THE PROPERTY OF PER PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE RESERVE OF THE PARTY OF THE managed by the second of the s

0 VR A15 (4) 15M 9/59 7263

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIF	ICA'	TE OF	DE	ATH

07252

	PLACE OF DEATH						IDENCE (W	here decease	d lived. If instituti		ce befor	e odmiss	sion)
	. COUNTY Was:	hington		MARYL	AND	o. STATE	d.		b. COUNTY	Washi	ingt	on	
	b. CITY OR TOWN (If RURAL ond give ned	autside corporate lim	its, writ	te c. LENGTH OF STAY II	V 16	c. CITY OF	TOWN (If	outside corpo	rote limits, write R	URAL ond g	give nea	rest town	1)
	Hagerst			1 month		Ru	ral	(Hage:	rstown)				
	d. NAME OF HOSPITA	AL (If not in hospital,	give str	eet oddress)		d. STREET	ADDRESS				1	. IS RES	FARM?
		ton County	Но	spital		R.D.	1 Hage	erstow	n				NO 🔀
3.	NAME OF	Fi		Middle		to	ost	4. DATE	Man	th	Day	,	Year
	DECEASED (Type ar print)	Joh	n	C.		Guessf	ord	OF DEATH	Jur	ne	2	7	1961
5.	SEX	6. COLOR OR RACE	7. M	ARRIED NEVER MARRIED		. DATE OF BIR		1 20	9. AGE (In years	IF UNDER	1 YEAR	IF UND	
	male	white		OWED DIVORCED		12/4/	1896		64 yrs.	Months	Days	Hours	Min.
-	. USUAL OCCUPATIO	N (Give kind of work	done 1	Ob. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHI	LACE (State	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	OUNTRY?
		ing life, even if retired etired))	Potomac Edisc	n C	. Wels	h Run	. Pa.		I	J.S.	A .	
13.	FATHER'S NAME					14. MOTHER	-						
	Samuel J.	Guessford				Mi	nerva	E. Sh	affer				
	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES?	16. SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
(Ye	no, or unknown) (I	If yes, give war or dates of	service)	220-10-3993	M	rs. Har	rv W.	Carba	ugh Smit	thsbu	rg.	Md.	R.D.
=		TH [Enter only one or		er line for (o), (b), and (c).]			- 0		-0			RVAL BE	
		TH WAS CAUSED BY:		Heart Fa	17.	12.0					ONS	ET AND	DEATH
н	11001			meart ra	111	T.6		-				2 1)	ays
	7 ス レー	DUE TO	,	A soft a soft a m	-7-		~ ~			200			
	Conditions, if an gave rise to im	nmediate	,	Arterios	CLE	LOTIC	Caro	LOVAS	cular L	iges	98	10	Vrs.
	lying cause last.												
z		FR SIGNIFICANT CON	,	NS CONTRIBUTING TO DEAT	TH RUT	NOT PELATED 1	O THE TERM	IINAI DISEAS	E CONDITION GIV	FN IN PAP	T 1(a) 15	2 WAS	ALITOPSY
ATIO	TAKE III. OTHER	EK SIGIAII ICAIAI COI	DITIO	43 CONTRIBUTING TO DEA	111 801	401 KELATED I	O THE TERM	IIIAL DISLAS	E CONDITION ON	FIAMATAK	1 1(0)	PERFC	RMED?
FIC	20g. ACCIDENT WAS	S LINDERLYING T	205 [DESCRIBE HOW INJURY OC	CHERRE	/Enter nature	of injury in	Part Lor Par	t II of item 18)			152	NO 📑
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200.	DESCRIBE NOW INSORT OC	CURRED	. (Lines nature	or injury in	7011 1 01 1 01	1 11 01 110111 1017				
	20c. TIME OF INJURY	The state of the s	ar 20.	d. INJURY OCCURRED	On PLA	CE OF INJURY	/Home fore	n, 20f. (City		- 1/	County)	3.61	(State)
MEDICAL	Hour a.m.		W	hile Not while	fac	ary, street, affi	ce bldg., etc	c.)	ar tawn)	(0	_ounty)		(Sidie)
×	p. m.	19		work at work									
				ended the deceased f									
		ed alive an 2-2	5-6	5]19, and 1	hat d	eath accurre	ed at215	M, fram	the causes an	d an the	e date		
	220. SIGNATURE	0	101	/		ATTENDI	NG M	NED.	STAFF				b. DATE SIGNED
	Cheer	Kas Sr.	Xe	2	A	A.D. PHYS.		RECTOR -	STAFF PHYS.	Ó	-27	-61	
	22c. PHYSICIAN'S NAME (Type)	Charles	F.	Hess, M. D		22d. ADD	RESS. th	sburg	. Md.				
23	BURIAL, CREMATION		OF	23c. NAME OF CEME					TION (City, tawn,	- '-		(Stol	,
	Burial Specify)	6/30/61		Welsh Ru	n Br	ethern		Merc	ersburg	ra. R	.D.3	3	Pa.
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			250. REC	D BY REGIST	TRAR 25b, REGI	STRAR'S SIG	GNATUE	RE	TU F
1	ratter 4	HOVE		Waynesboro,	Pa.		DATE	1 2 '6	1 0	1 9	Kua	4	
-5	1			-			17						

B Sonn . TELESCOPE DE L'ANDER · Property of the contract of also to discount and a second San I V. de Colore The second secon

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be existed within 24 hours after the page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 725: 07253

	0000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)
Washington Maryla	ND Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Hagerstown 8 Days	C3 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Martin Manor Nursing Home	/ 903 woodland Way YES □ NOS
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Typa or print) JAMES ALLEN	HAHN DEATH June 12 1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Nov 4 1881 79 yrs. Months Days Hours Min.
	DUSTRY 11. BIRTHPLACE (County & State, or foraighteduntry) 12. CITIZEN OF WHAT COUNTRY?
Engineer Refrigera	tion Ladiesburg Fred Co USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Hahn	Augusta Bierley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unkown) (Ifyas give war or dates of sarvica)	Mrs Manda Crasgar Hohn 007 Was at was W.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	Mrs Maude Greager Hahn 903 Woodland Way
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
mintesiarie caost la	I congitue failure two
DUE TO V	3 of Park as il years
Conditions, if any, which gave rise to immadiata ceuse	arterioseleroses genil years
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S - A - A - A - A - A - A - A - A - A -	YES NO X
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter natura of injury in Part I or Part II of Itam 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d	De. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour a.m. Whila Not Whila at work at work at work	factory, street, offica bldg., atc.)
	from. 12/19/58., 19, to 6/12/61, 19, that (I) (we) last
	that death occured atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Till Weeds UW.	M.D. ATTENDING MED. STAFF PHYS. The SIGNED OF THE STAFF PHYS. The SIGNED OF THE SIGNED
22c. PHYSICIAN'S	22d. ADDRESS Hagerstown,
NAME (Typa) Howard N. Weeks, M.D.	136 N. Potomac St. Maryland
	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 6/15/61 Rest Have	en Cemetery Hagerstown Wash Co Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Md.	DATESUN 19'61 arthur S. Kraus
The state of the s	

Day Assert Committee of the Long Committee o 6/12/61 18/19/83 4/6/61 8/10/81 awaysas es 136 M. Potente at. Maryland Ho and M. means. . D. DE BOTTO DE LA CONTRACTOR DE LA PROPERTIE DE L .Dela di casalifi mina 200 alla estanti PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed will

VS A15 (4) 15M 9/5B

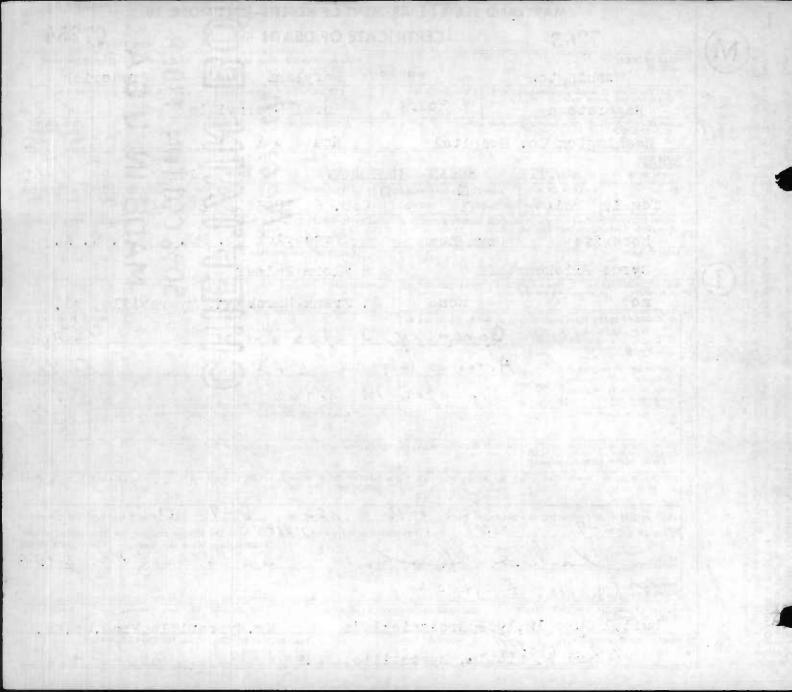
I hours ofter deoth. Poge 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7265 **CERTIFICATE OF DEATH**

Reg. Dist.	0.7 No.	2	5	4
------------	------------	---	---	---

1. PLACE OF DEATH a. COUNTY W	ashington		MARYLAND	ŧ	. USUAL RESIDENCE o. STATE Maryla		e deceased	d lived. If instituti b. COUNTY		der	ick	ian)
RURAL and give	(If autside corporate limi nearest tawn) erstown	ts, write	8 hours		c. CITY OR TOWN				RURAL and	giv neo	rest town	-1
d. NAME OF HOS	PITAL (If not in haspital, o				d. STREET ADDRES	ss # 1						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	MATTIE	st	Middle	RSI	Last HMAN	4	OF DEATH	June		Day		eor 9 61
5. SEX femal		7. MARE	RIED MEVER MARRIED E	_	eb. 6, 1	.893	5	9. AGE (In years last birthday) 68 yrs.	Manths	1 YEAR Days	Hours Hours	R 24 HRS. Min.
h over 13. FATHER'S NAME	orking life, even if retired	01	KIND OF BUSINESS OR INI	DUSTR	Freder 14. MOTHER'S MAID	en NA	C C O		U I2.CIT	. S	WHATC	OUNTRY?
0	S Blickens VER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.		Flora F Frank H		- Tu	Add	ress svil	le.	Md.	
Canditions, if gove rise to cause (a), statin lying cause las	g the <u>under</u> .	Ar	tercesclore Labotes CONTRIBUTING TO DEATH B	+. M	ccluse ccluse cluse	U [O .	E CONDITION GIV	VEN IN PAR	ONS	PERFO	DEATH YS.
OR CONTRIBUTION	. 10	ar 20d. II While	CRIBE HOW INJURY OCCUR NJURY OCCURRED k	PLAC	E OF INJURY (Hame, y, street, affice bldg.	farm, ., etc.)	20f. (City	or town)	Mai	Caunty)		(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	clab harles	deceas , 19 4	, ,	 M.I	, 19 .56 , ta ccurred at 7:0	SPM	, fram	the causes ar treet, city ar tawn,	nd an the		stated	
22a. BURIAL, CREMAT REMOVAL IS SECTION 1 2 23. FUNERAL DIRECTO	June 12	196	22c. NAME OF CEMETERY Prossnick ADDRESS 1e, Myersvi	le	₹ g 24a.	Nr	My REGIST			GNATU		



VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07255

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
	Washington	Manage was	e. STATE b. COUNTY
-	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL end give neerest town)	_1	0.0
_	Hagerstown	32 Yrs	03 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	1708 Crest Drive		1708 Crest Drive
3.	NAME OF First DECEASED	Middle	Last 4. DATE Month Dey Yeer
	(Type or print) ELIZABETH	HYDE HE	ALEY DEATH June 17 1961 19
5.	SEX 6. COLOR OR RACE 7. MARRIES	NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White widows	DIVORCED []	OV. 6 1872 88 yrs. Months Deys Hours Min.
	a. USUAL OCCUPATION (Give kind of work 10b. Klipne during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		wn Home	Halifax England USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	William H. Hyde		Mayy Harris
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. : es, no, or unkown) [(Ifyesgivewerordetesofservice)]	SOCIAL SECURITY NO. 17. 1	NFORMANT Address
		None Mrs	Frnestine H. Marvin
	18. CAUSE OF DEATH [Enter only one ceuse per li	ne for (e), (b), and (c).)	1708 Crest Drive Hagerstown INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ocardial	Interction 12 1m -
2	11000	0 0000	1170,011
	Conditions if any which a	torioscl.	rotic Heart Disease 14r.
	geve rise to immediate cause	LEPIULCIE	LOUIT WECKE DITECTE 1 4.
	(e), steting the underlying DUE TO		
	ceuse lest. (c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CATION			YES NO X
TIFIC		CRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Part II of item 18.)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
₹	20c. TIME OF INJURY Month, Day, Yeer 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
MEDICAL	Hour e.m. While		pry, street, office bldg., etc.)
Z	p.m. 19 ef work	et work	F.1 8 F. 212 /
	21. I certify that (I) (this hospital) attend	, 1	
	saw the deceased alive on		death occured at//
	220. STENTATURE		ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIANS	m w	
	NAME (Type)	INFFman	#2. 2
	DUDIN COMMANDA SAN AND	103 MANS OF CENTERDY	Televitor I mid
23	e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	
_		eechwood Cen	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	JUN 2 0 '61
1	Andrew K. Coffman Hag	erstown Md.	DATE JUN 2 0 01 arthur S. Hraus

were new manager of M and the state of the same The second control of Light of the Court The tonstall Indianation with the second The transport the extra devotes the A the more result if any and the second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7267

CERTIFICATE OF DEATH

07256

PLACE OF DEATH	TUERSY FILM GEO			on: Residence before admission)
Washington	MARYLAND	o. STATE Maryla	nd b. COUNTY	washington
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest town)	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RU	JRAL and give nearest town)
magerstewn, maryl	and 60yrs	X Hagerste	wn, Maryland	1.
d. NAME OF HOSPITAL (If not in hospital, gir		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County	Hespital			YES NO
NAME OF First		Last	4. DATE Mon	th Day Year
ype or print)	Paul	Hanking	OF DEATH JUNG	8 1961
EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED		9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	WIDOWED DIVORCED	Jan 22/	190 olist birthdoy) yrs.	Manths Days Hours Min.
USUAL OCCUPATION (Give kind of work de	one 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Private family	Bir Pa	al Md.	USA
FATHER'S NAME	7121000 20012 <u>1</u>	14. MOTHER'S MAIDEN N	AME	O Date &
WAS DECEASED EVER IN O. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. II	Katherine	Addr	ess
(If yes, give war or dates of ser	vice)	.A. william	313 N. Pet	omae St.
		*N. MATTION	272 11 140	
 CAUSE OF DEATH [Enter only one caused BY: 		0		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	is remember.	- coopbo-gus		7
150 X DUE TO	^	- Esophogus	_	2
Canditions, if any, which) (b).	Extensel	rosus Senta	(7
gove rise to immediate DUE TO				
lying cause lost. (c).				
PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING 1	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort I or Port II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Doy, Year		ACE OF INJURY (Home, form,		(County) (State
Hour o. m. 19	While Not while at work at work	ctary, street, office bldg., etc.	A	
		Mrs 02/2 10	h1. the 080	61
21. I certify that (I) (this haspital)	UNL C	01/0000	U. to your	, 1994_, that (I) (we) lo
saw the deceased artive an	19C/, and that	death occurred at Q:5	M, troop the causes an	d on the date stated obove
220. SIGNATURE		M.D. ATTENDING ME	D. STAFF	SIGNY
fluis X Bryger	uebu_		RECTOR PHYS.	1/0/6
22c. PHYSICIAN'S NAME (Type) Philip I	Hirshman, M.D.	22d. ADDRESS 15	9 W. Washingto	on St.
THEELD O.	mili Similari, Fi.D.	H	agerstown Mar	wland
BURIAL, CREMATION, 23b. DATE THEREOL	F 23c. NAME OF CEMETERY C		23d. LOCATION (City, town,	or caunty) (Stote)
urial 6-10-19	61 Kese H111	emeter	Hagerstown.	Md.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
of R Water	Hoperstown m	d DATE JU	N 19'61 Ch	Thur S. Kraus
The state of the s				

VR A15 (4) 15M 9/59

The same of the sa PATHOLOGY AND PROPERTY OF SAME the fore the winder from the track and Those manager a rise worked in AND AND TOTAL

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

NON OF STATISTICAL	KESEAKCH AND	KECOKDS,	301 AA	. PRESION	
7269	CERT	IFICATE	OF	DEATH	

		7269		CERTIFIC	ATE	OF DEAT	Н		07	7257
1.	PLACE OF DEATH				2		NCE (Where dece		itution: Reside	nce before admission)
		nington		MARYL	AND	Mary Mary	land	b. COUNTY	ederio	ek
	b. CITY OR TOWN (if		its,	c. LENGTH OF STAY	/ IN 1b		V (If outside corpor			
		rstown		5 week	S	Rura	1- Myer	sville	10	x-2
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not in hospi	tal, give street addre	ss)	d. STREET ADDRES				a. IS RESIDENCE ON A FARM?
	Garl	Lock Memo	rial	Home		Rt.#	1 Wol:	fsville		YES NO
3.	NAME OF DECEASED	First		Middle		Lest	4. DATE OF	Month	Dey	Yeer
	(Type or print)	ASBU			HOOVE	ER	DEATH	Jun		13 19 61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		AGE (In yeers IF lest birthday)	UNDER 1 YEAR	TF UNDER 24 HRS.
-	male	white	WIDOWED		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		876 81	yrs.		
do	one during most of world	king lifa, even if retire	(10b. KIN	ID OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or fo	reign country)	12. CITIZEN C	OF WHAT COUNTRY?
40	retired	farmer	own	gen farm			ick Co.	Md.	U.S	.A.
13.	FATHER'S NAME				14	. MOTHER'S MAIDE				
15		1 Jacob H					Ann Kl:			
(Y	WAS DECEASED EVE	yesgive werordetesofs	iervice)					Address		
_	no	EATH [Enter only one	219			Mary J.	Hoover	, Myers	ville	Md Rt
	PART I. DEATH	WAS CAUSED BY:								NSET AND DEATH
	1122	MMEDIATE CAUSE (*)		rt Failu	ire					b Days
	722.1	DUE TO	Ant	erioscle	rotic	. Cardio	vascula	r Digea	se 1	O Yrs.
	Conditions, if eny, geve rise to immedie	te ceuse					· aboata.	2 2 2 0 0 0	30 1	210.
	(a), stating the un	derlying DUE TO	1.24							
Z		SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN	IN PART 1(e)	19. WAS AUTOPSY
ATIC			1.000							PERFORMED?
TIFIC	20e. ACCIDENT WA		20b. DESCI	RIBE HOW INJURY O	CCURED. (E	nter neture of injury	in Part I or Part II o	f item 18.)		
CER	OR CONTRIBUTING [
CAL	20c. TIME OF INJUR	Y Month, Day, Ye				OF INJURY (Home, for		or town)	(County)	(State)
WED	Hour a.m.	19	While at work	Not Whila at work	tactory	street, office bldg.,	erc.)			
		at (I) (this hospi	tal) attendo	ed the deceased	from 1	0-30	. 1957. to	5-13	19.61	that (I) (we) last
										date stated above.
	22a. SIGNATURE	1 ml			TEN I					22b. DATE
	(Karle	sor. He	20		M.D.	PHYS.	MED.	STAFF PHYS.	6	5-14-6 SIGNED
	22c. PHYSICIAN'S NAME (Type)	G1	-			22d. ADDRESS				
		Charles		ess		Smi	thsburg	Md.		
23	REMOVAL (Specify)	ON, 936. DATE THE	REOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCAT	ION (City, town	or county)	(State)
	Burial		,1961	St. Mar	ks L	theran	Wolfsv	Lèèe, F	red.Co	o. Md.
24	FUNERAL DIRECTOR		ittli	ADDRESS		25e. F	REC'D BY REGISTR	AR 25b. REGIST	TRAR'S SIGNA	ATURE
	1095	7 P 891	tle 1	Myergyi 1	70 1	DATE .	JIIN 2 0 '61	0-11	1 9 45	

WEEK WITH I LAND TO THE TOTAL MODING TO THE COMPANY OF THE PARTY OF the service of the service of the service of CLOS (CTAINTEN) LONG FOR CONTRACTOR OF THE CONTR . Electrical installed . W.S. of Letter . Militable . Marchan . in Lott, ti come . I thin and the second of the second o

s after death. Page 4 may be Sained by the haspital ar attending physician. TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A1S (4) 1SM 9/59

7263

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07258

									-	
1. PLACE OF DEATH o. COUNTY Was	nington		MARYLAND	CTATE		ere deceosed and	lived. If institution b. COUNTY			
b. CITY OR TOWN (If a RURAL and give need Hagers town	est town)	ts, write	c. LENGTH OF STAY IN 16	c. city or i		_	te limits, write RI		11	n)
d. NAME OF HOSPITAL OR INSTITUTION NEISHINGT	on County	y Ho	oddress)	d. STREET A		ıy			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Marguer:		Middle	Hoove		4. DATE OF DEATH	June		Day	Yeor 19 61
	White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 28			AGE (In years last birthdoy) yrs.	Months 24	AR IF UND	
Seamstress	g life, even if retired		kind of Business or Ind rniture Fac	torySali	sbury	y Mary		12. CITIZEN	S.A	COUNTRY?
13. FATHER'S NAME	seph Wied	I a so la	a7.3	14. MOTHER'S		IAME	TT - 4 -			
	-				ise	1000	Heir			
(Yes, no or unknown) (If	yes, give wor or dates of so.		social security No. 17. L6 03 6220 R	oy Hoove	er 2	649 V	irginia msport	Ave.	ext FD #	2
Conditions, if ony gove rise to im couse (o), stoting the lying couse lost.	mediate DUE TO)	CONTRIBUTING TO DEATH BI	UT NOT RELATED TO		NAL DISEASE	CONDITION GIV		Chi k	AUTOPSY
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY M	UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture o	f injury in F	Port I or Port I	l of item 18.)			ORMED?
(IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	EDICAL EXAMINER)	While		PLACE OF INJURY (foctory, street, office			or town)	(Coun	ity)	(Stote)
saw the decease	hu ITI	6/	ded the deceosed from 2219 Gl. and that Gulur baker, M.D.	death occurred ATTENDING PHYS. 22d. ADDRI	G ME	M, from the RECTOR 1	he causes on STAFF PHYS. The Washi	ngton S	ate stote	
230. BURIAL, CREMATION BREMOVAL (Specify)	June 26		Rest Haven		-	Hager	on (City, town, stown, stown,	Ma	ryla	nd.
24. FUNERAL DIRECTOR'S	SIGNATURE	Wi	Monapo	it, ma	25a. REC'I	2 7 '61		STRAR'S SIGNA		

Cremonon,	(N
ום מחנוסו,		
5		Y
SISTI OF		

7270

Ð		2	
~		.0	1
š		ō	К
õ		8	-
S		5	
4		_,	
96		.0	
0		2	
7		-33	
ä		7	
ö		ō	
9	S.	D	
=	E	-	
	-	5	
ő	20	S	
Š	>	, C	
Ξ	6	-	
ë	-	Pe e	
_	9	6	
۲	٠.	王	
3	5	3	1
g	2	2	1
ō	9	9	
7	~	0	
-	9	_	
S	-	2	
36	3	60	
ŏ	8	0	
d)	8	<u>=</u>	
≥	_	-	
٥	9	4	
	3	Ē	
2	=	ě	
Ε	Z	a	
0	4	. E	
_	÷	6	
=	3	+	
5	6	0	
E	5	2	
á	0	۵	
_	0	o burial-tronsit permit. File pages I and 2 with the registrar prior to burial, cremotion,	
	4.1	440	

TO DE 'S MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony cute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Yi TO FUNERAL DIRECTOR: Page 3 should be used as oburial-transit permit. File pages 1 and 2 with the registrar or removal.

VS.	A15ME(5)	
5.	M 9/55	

63-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL

EXAMINER'S	CERT	IFICATE	OF	DEA.	TH Reg	. Dist.	No.0	725	19
	2 HELLAL P	ESIDENCE /Where	deces	ad Bread	& Institution. D.	aldance	helera e	desirales	

1. PLACE OF DEATH o. COUNTY	Washingt	on	MARYLAN		o. STATE Md.	Vhere decease	b. COUNT	v		fore admi	ssian)
b. CITY OR TOWN (If a and give nearest town)			c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (IF	autside cor	porote limits, write			0	wn)
Hagers	town		50 yrs.	10	3 Hager	stown					
d. NAME OF HOSPITA	L OR INSTITUTION (f not in hos	spitol, give street address)		d. STREET ADDRESS	0 00 1112					SIDENCE
338 N.	Cannon Ave	. ,			338 N.	Cann	on Ava.,				A FARM?
3. NAME OF DECEASED	Fin	ıt	Middle		Last	4. DATE	Mant	h	Day	Y	ear
(Type or print)	Roy		Scott	Н	over	OF DEATH	6		29	1	9 61
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.
male	white	WIDOWE	D DIVORCED	Se	pt. 7, 188	1	79 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	lone 10b. 1	CIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign c	country)	12. CIT	IZEN O	F WHAT	COUNTRY?
labore			self		Fiddle	rsbur	g, Md.		USA		
13. FATHER'S NAME				14	MOTHER'S MAIDEN N	IAME		,			
Colum	bus Hoover				Laur	a Elle	en Rohrer				
15. WAS DECEASED EVER	R IN U. S. ARMED FOI	(enrice)		7. INFO			Address				
no	/ 9.10 01 00.01 01	22	0-05-6827	Miss	May G. Ho	over	Hagers	town.	Md		
20g. EXTERNAL CAUS	ote couse DUE TO (c). R SIGNIFICANT CONI		ONTRIBUTING TO DEATH BU					/EN IN PAR		9. WAS / PERFO	AUTOPSY RMED?
	KIBUTING []			,				1.3			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While		PLACE C factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	or town)	(Co	unty)		(Slote)
21. I certify the	at I took charge	of the r	remains described a	bove,	held an Autopsy	/ 🔲 , It	rspection	-Inqui	гу 🔲	, and f	find that
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	From: Natural of Salar S	auses 2	Accident [], S		D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	AMINER [Cause [].	DATE S	IGNED
220. BURIAL, CREMATION REMOVAL (Specify) DUTIAL	7-3-61	F	22c. NAME OF CEMETERY (TION (City, town,	or county)		(Stote	•)
23. FUNERAL DIRECTOR'S			ADDRESS	1 00	240 REC'E	RY PEGIST	RAR 24b. REGI	STRAP'S SI	GNATH	Md.	
Kraiss Funer	_	Hage	rstown, Md.		DATE	3 '61		hun I.	Trace		

JE STREET LOWER LITTLE 16、1000年,美国市场的国际,1000年,1 The sandy the sa AL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within

	is been signed by the attending physician ond completely filled in by the funeral director,	al-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	(
L	d in b	ond	
_	ly filled	ages 1	death.
	complete	papers.	ours ofter
	ond	pou	72 ha
	physician	emove car	ent, within
	attending	n please r	tian, ar remayal, and in any event within 72 haurs ofter death.
	the	The	ond
	signed by	t permit.	remayal
and sicionic	been	-transi	an. or
-	S	0	-

ours after death. Page 4

7074

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	\$ 666.	1		- /		E OF DEAT	H		0	7260	550
1,	PLACE OF DEATH	-	tems	2,0 & / 1	1777	USUAL RESIDENCE	Where deceas		n: Residence	before admiss	ion)
	WASHI	NGTON		MARY	LAND	MARYLANI)	b. COUNTY	WASHI	NGTON	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orote limits, write RL	JRAL and giv	e nearest tawn)
	HAGERS	rown		1 WEEK		X RURAI	1	CLEAR S	PRING	MD.	
	d. NAME OF HOSPITA	AL (If nat in hospital, g	ive street a	ddress)		d. STREET ADDRESS	S			e. IS RES	IDENCE FARM?
	WASHING	GTON CO.	HOSP	ITAL		NONE				YES 🗌	NO,
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mont	h	Day	Yeor
	(Type or print)		UDEN		A Company of the Comp		DEATH	JUNE			19 6]
5. 5	SEX	6. COLOR OR RACE		D NEVER MARRI		DATE OF BIRTH	1894	9. AGE (In years lost birthday)		YEAR IF UNDE	Min.
-	Female	White	WIDOWED	CONT.		UG. 25,	1892	68 yrs.			
00	during mast of worki	N (Give kind of work of ing life, even if retired)	lone 10b. K	IND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (S	tate or foreign	country)		N OF WHATC	OUNTRY
	HOME DUT'	IES		HOUSE W	ORK	FRAN	AKTIN	CO. PA.		J.S.A.	
13.	FATHER'S NAME				100	14. MOTHER'S MAIDE		217			
-	MARTIN	DRURY			1	ELLIE	BRITT				
		R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO	. 17, INFO	KMANI	T 1101	Addr		OT BITT	nn
_	NO	NONE		NONE		WILLIAM	L. HOI	RNBAKER,	CLSF	G. MD	
		TH [Enter anly one co TH WAS CAUSED BY:				CHENIOCIC				INTERVAL BE	DEATH
	1111	IMMEDIATE CAUSE (a)	ALCAREOUS A	ORTIC	31ENO313				UNKNO	WN
	TIX	DUE TO	RH	EUMATIC H	FART T	TSF A SF				IINIVAIO	TATE T
	Canditions, if an	nmediate!		ECWELLIO II	DIIKI D	TOLAGE				UNKNO	M IA
	couse (o), stating t										
Z		FR SIGNIFICANT CON		INTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
CERTIFICATION			100	BETES MELLI						PERFO	RMED?
TFIC	20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH				Enter nature of injury	in Part I ar Pa	art II af item 18.)		XA	
CERT	OR CONTRIBUTING	MEDICAL EXAMINER)									
CAL	20c. TIME OF INJURY	Y Month, Day, Yes	r 20d. INJ	JURY OCCURRED		OF INJURY (Home,		ty or town)	(Co	unty)	(Stote
MEDICAL	Haur a.m. p.m.	19	White at work	Nat while	factor	y, street, office bldg.,	etc.)				
		t (I) (thindespital			from M	arch 28	19 ⁵⁸ . ta	June 14	1961	, that (1) (wel las
	saw the decease	ed alive an June	: 13,			th accurred 413		the causes an			
	22a. SIGNATURE	ed dilve dilig		- dild	mar dec	1		Title causes and	J ON THE		b. DATE
	lin	lie For	rei (shew	M.I	ATTENDING PHYS. XIX	MED. DIRECTOR	STAFF PHYS.		6/	SIGNED
	22c HYSICIAN'S	Archie Pobert	Cohon	MD		22d. ADDRESS	anima Ma				
	(Type) I	Archie Robert	conen,	M.D.		Clear Sp	oring, Ma	ryland			
230	BURIAL, CREMATION	N, 23b. DATE THEREC	F	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCA	ATION (City, town, o	r county)	(Stot	e)
C	BURIAL	JUNE 1	7, 1	961 SHA	NKTO	VN CEMETE	CRY	SHANKTOW).	
24.	EUNERAL DIRECTOR	SIGNAUR	OT 5	ADDRESS		25a. [JUN 1 9	STRAR 25b. REGIS	TRAR'S SIGN	Tians	
	11 - 144	1 ~ ~~~	ULE	AR SPRIN	G. M	DATE	חטוו ו				

ADDRESS CLEAR SPRING, MD. 25a. REC'D BY REGISTRAR
JUN 1 9 61

VR A15 (4) 15M 9/59

The second second

	1
within 24 hours after	ly filled in by the funeral s. Pages 1 and 2 should nours after death.
TO H TITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe. within 24 hours after death death death way be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
H FITAL OR ATTENDING PHYSICIAN:	FUNERAL DIRECTOR: After this certificate Frector, page 3 should be detached for use as the filled with the State Dept. of Health prior to but
TO	P & g

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7272 CERTIFICATE OF DEATH 07261

3	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesed lived, If institution: Residence before admission)
	a. COUNTY	e, STATE 3 6. COUNTY 707
	Washington Maryland	Maryland Washington
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hagerstown 1 1/2 vrs.	13 Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE
1		620 Potomec Ave.
	Martin Manor 3. NAME OF First Middle	Last 4. DATE Month Dey Year
	DECEASED	OF
		HOWARD PEATH June 23 1981
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS, lest birthdey) Months Days Hours Min.
	Female white WIDOWED DIVORCED	March 16 1876 85 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	
	done during most of working life, even if retired) Housewife Own Home	Hammaham III) O 3 IIOA
н	Housewife Own Home	Hagerstown Wash Co Md. USA
	TO THIR S (TAME)	14. MOTHER 3 MAIDEN NAME
	Joseph Widdlekauff	Ann Horine
7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyasgiva wer or dates of sarvica)	NFORMANT Address
		ytor Howard 1222 Virginia Ave
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	Harry at a server led Interval Between
	PART I. DEATH WAS CAUSED BY:	between Legense onset and death
	1100	ware now a gran
	4201 DUE TO	O T Por - 7 10 Zyrs
	Conditions, if any, which gave rise to immediate cause	Congestion Cardia & Farlin 2915
	(e), steting the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3	MAT AT A T A T A T A T A T A T A T A T A	PERFORMED? YES NO THE
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER	(Enter natura of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CONTRACTOR OF THE PROPERTY OF
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
	p.m. 19 et work at work	
	21. I certify that (I) (this hospital) attended the deceased from	Och 1946 to 6-23 , 1941, that (1) (we) last
		death occured 6.4.3 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	il of marsh. It	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Typa)	
	Dalton M. Welty, M.D.	1998 Potomac Ave., Hagerstown, Md.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	D 1 0/00/03 D 333	emetery Hagerstown Wash Co Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
٤	Andrew K. Coffman Hagerstown Md.	DATION 27'61 archar S. Kraus
1		1.401

: 205.40 CONTROL IN CO. The second secon valent 227 Sici intendi tore in a month - --- di Comment allegates to be a successful of office . The state of the state A LONG TO THE RESIDENCE OF THE PARTY OF THE the Mark the Paris and a real square to the control of the paris and a state of the control of t

FOR STATE TO DECITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It say delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

REDICAL EXAMINER'S CERTIFICATE OF DEATH Division 07262

ابا	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	1/1 1 - 1	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Clearup Spring. 1 9r. 11 Mo.	Hancock
83	Rural (Learnin Spring, 92. 17 170. d. NAME OF HOSPITAL OR INSTITUTION (1876) in hospital, give street address)	d. STREET ADDRESS •. IS RESIDENCE
Įς		ON A FARM?
	_gateway (onvalescent Home Inc.	Main St. YES NO X
	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer OF
	(Type or print) Effice S.	Hunkes DEATH 6 3 1961
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	THE THE MICHIGAN	last birthday) Months Dave Hours Min
	Female White WIDOWED 19	/9/1887 73 yrs. 100
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Addison Donas William : 115 A
ij	13. FATHER'S NAME	Addison, Pennsylvania U.S.A.
	William Stark	Ella F. Tishue
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes give war or dates of service)	VFORMANT Address
	No	. Managed Cala 9:11.1
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	s. Margaret Coleman Pittsburg, Penna
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) General Arterioscle	erosis, Severe Several Years.
	334X DUE TO	
	Conditions, if eny, which) (b)	
	gave rise to immediate cause	
	(a), stating the underlying DUE TO	
	cause last. (c) Marked Cerebral Art	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
	*	YES NO THE
Я	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONDITIONS 201. DESCRIBE HOW INJURY OCCURED. (En	nter nature of injury in Part I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	Hour a.m. While Not While facto	
	21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry , and in my opinion
< 1	death resulted from: Natural causes . Accident . Suicid	de, Homicide, Undetermined manner
7		CHIEF MEDICAL EXAMINER
	SIGNATURE A SUU DUMO 2	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		DEPUTY MEDICAL EXAMINER 12 5-5-67
	EXAMINER'S NAME (Type)	
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (State)
	REMOVAL (Specify)	
	Burial 6/7/61 St. Thomas &	piscopal Hancock Maryland
1	23. FUNERAL DIRECTOR ADDRESS	· 24d. KEC D DI KEGISIKAK I 24D. KEGISIKAK S SIGNAFOKE
)	Kathleen M. Grove Hancock	and DATE JUN 9 '61 Critur S. Kraus
	Typically 111, miles Marcack	OTIC TORIE

Maskingkon dural Charma Sosina, 1 1s. 11.0. Hancack other onwakescent fore the ELLE "Impress Estade Wille - 4 series 9/9/2007 13 Pousientle Tadison, Verna aventa U.S.A. LULian Stank Flaf. Timue Mrs. Hannacket (oderan Kithsomu, - will. Certal of//61 St. Thomas pulsoapal describe The first war of the same and the same and the same

V

VR A15 (4) 15M 9/59

7274

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07263

1. PLACE OF DEATH o. COUNTY	EHINGTON	i i	MARYLA		2. USUAL RESIDENCE O. STATE MARY	(Where deced		stitution: Resid		
b. CITY OR TOWN RURAL ond give HAGERSTO		its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN		porate limits, w	rite RURAL one	d give neare	st town)
d. NAME OF HOSE OR INSTITUTION WASTERN MI	O. STATE HOS				d. STREET ADDRESS	M AVE.				IS RESIDENCE ON A FARM? YES NO 4
3. NAME OF DECEASED (Type or print)	Ruth	rst	Viola		KENDA	4. DATE OF DEAT		Month 6	Day 3	196/
5. SEX FEMALE	6. COLOR OR RACE	7. MARR	D DIVORCED		DATE OF BIRTH	02	9. AGE (In)			Hours Min.
100. USUAL OCCUPAT during most of wo MACHINE OI	TON (Give kind of work prking life, even if retired PERATOR	1	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (S MARYLAI	_	country)		S.A.	VHAT COUNTRY?
13. FATHER'S NAME HARRY T.	MOATS				14. MOTHER'S MAID BESSI	EN NAME E MTLLE	R			
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 2-I4-743I		MAE KOON	TZ	RT 2 C	Address REENCA:	STLE, F	PENNA.
Conditions, if gove rise to couse (o), statin lying couse los	g the under-)	Carc	in	r Preu	of a	te li	ing	5	mouth
_	THER SIGNIFICANT CON	IDITIONS C		H BUT N	ot RELATED TO THE T	ERMINAL DISE	ASE CONDITIO	N GIVEN IN PA		WAS AUTOPSY PERFORMED? (ES NO D
OR CONTRIBUTING	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury	y in Port I or F	ort II of item 18	3.)		
WE OF INJU Hour o. m p. m	. 10	ar 20d. IN While at work	Not while	0e. PLAC focto	E OF INJURY (Home, ry, street, office bldg.	farm, 20f. (C	ity or town)		(County)	(Stote)
	nat (I) (this haspital		_ //		ath accurred at	19.6./ to				t (I) (we) last tated above.
22o. SIGNATURE	Houng	-&	Che	en.M.	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Ju	ne 3.	22b. DATE
22c. PHYSICIAN'S NAME (Type)	YOUN	14	E. CHI	NN	22d. ADDRESS	Pen	na A	ve Ho	egers	Town M
23a. BURIAL, CREMAT REMOVAL (Specif	JUNE 6,		23c. NAME OF CEMET SMITHSRUI		CREMATORY	23d. LOG	ATION (City, N LSHJNCT(ON COUN	TY,MD.	(Stote)
24. FUNERAL DIRECTO		AGERS'	ADDRESS TOWN, MD.			REC'D BY REG	15TRAR 25b.	REGISTRAR'S	SIGNATURE & KLAM	A

V June 3, 1961 E CHUR 15TO PLANT STA HELLINGINAL

FOR STATE DEDT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 275 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07264

DEALIN DEFT.	1.	COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	esidence before edmission)
age.		Washington MARYLAND	a. STATE Maryland b. COUNTY Was	hington
S LEE E	1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest town)
AI) o e e e	Ų.	Hagerstown 39 years	13 Hagerstown	
dir.	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
dela Be Be		233 West Side Ave.	233 West Side Ave.	YES NO T
fun fun Stat	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
o the ret the the		(Type or print) Virginia Captolia Kersh		22 1961
vith of the	5.		DATE OF BIRTH 9. AGE (In years IF UNDER 1) Just birthday Months D	
ma ma 2 v 2 v		Female White WIDOWED DIVORCED AF	pril 25, 1903 58 yrs. Months D	Deys Hours Min.
affe e 5, 2, h	10 de	e. USUAL OCCUPATION (Give kind of work one during most of working, life, even if retired)		ZEN OF WHAT COUNTRY?
Page 1		House Wife Own Home	Chambersburg, Md.	
Page 3.	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2 0 0 0 T)	Elmer Leidig	Mary Smeltzar	
for Fire	15 (Y	. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II es, no, or unknown) (Ifyesgivewerordatesofservice)	100 to	1
DE E		Pau	ul B. Kershner Ragerstown	, Md.
of the state of th		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN
lon lon nd		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Jacken -	fusted
be a series		287X DUE TO	- 1/	
ouri Overi		Conditions, if eny, which \ (b)	relients Xtent Arseni	The state
s s s s s s s s s s s s s s s s s s s		geve rise to immediate cause (a), stelling the underlying DUE TO		Technique
d as		cause lest. (c)	ty	
"pe ""pe use use on,	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
S C D D D D D D D D D D D D D D D D D D	CERTIFICATION			YES NO P
H Sign	H	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	Enter nature of injury in Pert I or Pert II of Item 18.)	
ER:	W 5.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
hiiin iiin	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or lown) (Coun	ty) (Stete)
Pag L	WED	Hour e.m. While Not While facts	bry, sites, office breg., e.c.,	
D. Prio		21. I certify that I took charge of the remains described above, hel	eld an Autopsy , Inspection , Inquiry ,	and in my opinion
A TE BUT		death resulted from: / Natural causes Accident . Suici	ide . Homicide . Undetermined manner	
DIC Bard BE			CHIEF MEDICAL EXAMINER	
A COS		ACTUAL SIGNATURE A ZW LWZ	ASSISTANT MEDICAL EXAMINER	/ DATE SIGNED
TAIL AIL			DEPUTY MEDICAL EXAMINER	2-7/-
S X S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME (Type)	Address (Street, city, town, or county)	7/6/
its of	22	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)		(State)
02409			Cemetery Hagerstown,	d.
HH		3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIC	
VS. A15ME SM 9/60	1	Scott F. Minnich & Son Hagerstown	d. DANUN 27'61 Chilur S. 12	MANA
	-			

CONTRACTOR OF CHILD SOCIED STORY OF THE STOR CONTRACTOR . TOTAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7276 CERTIFICATE OF DEATH 07265

		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmis	sion)
•	T 7	e. STATE b. COUNTY	
	write RURAL end give neerest town)	c. CIT OK IOWN (It outside corporete limits, write KUKAL end give neerest town)	
Ŀ	lagerstown 1 week	(Rural) Williamsport	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDE	
1	Washington County Hospital	R. F. D. #4 YES \(\) NO	
3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer	
	(Type or print) Ernest Milburn	Kirby DEATH June 4 19 6	1
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		
	Male White WIDOWED DIVORCED	May 18 1905 56 vrs. 0 16	in.
10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN	ITRY?
4		Berkeley Co W Vo II S A	
	VOL - ECHIO VICE OLO		
15			
15. (Ye:	was deceased ever in u.s. Armed Forces? 16. Social Security No. 17. 18. no. or unkown) (Ifyesgivewerordetesofservice)	Wall a composite Ma	
	No 215 01 9972 Mr	's. Helen E. Kirby RED The	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (B) Metastetic	Carcinoma Onset and Deat	ART.
	177 V DUETO - 1 1	•	
		(200) 2 18 m	2 6
		Corcinolad	-7
	(e), steting the underlying DUE TO		
	cause lest. (c)		
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		
CAT		e YES □ NO	X
RTIFI	OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)	
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
S	la di la di		a)
AED AED	Hour e.m.	ory, sheet, dicte blags, etc.,	
		May 10/D 1 -4 1/6/ 1/8/11	1-1
	22a HONATURE		GNED
	11 miles	DUNG DIDECTOR DUNG	-6
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) M. E. MYYRKIT	Williamsport, Ma	
23e	BURIAL, CREMATION, 236, DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)	
23e			
23e	uria (Specify) June 7-61 Greenlawn	Cemetery Williamsport Maryland	
23e B			
	3. 5. 10a dor W 13.	Hagerstown	**STATE **SCOUNTY** **Washington

Prostate Coverson The Bucket ME BY KIT Colling or south

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RE

CEDT

07260

CENTR	ICAIL OI DI			CTRUC
1. PLACE OF DEATH o. COUNTY Washington MAR	YLAND 2. USUAL RESID	ENCE (Where deceased live Md.	d. If institution: Resi b. COUNTY	dence before odmission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL opd give neares) town) Hagers town 49 yr		OWN (If outside corporate gers town	limits, write RURAL a	nd give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION POTOMAC St.,	d. STREET AI	ODRESS 9 N. Potomac	St.,	e. IS RESIDENCE ON A FARM?, YES NO
3. NAME OF First Middle (Type or print) Frederick William	am Kraiss	4. DATE OF DEATH	Month 6-12-	Day Year -61 19
S. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARR NEVER MARR		9-1873	GE (In years IF UN) ast birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS hs Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Funeral Director self employed	ed T	ioga, Pa.	y) 12.	CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	14. MOTHER'S			
Paul Kraiss		len Harer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Offices, no. or unknown)	o. 17. INFORMANT Mrs. Margar	et Kraiss	Address Hagerstown	, Md.
Canditians, if any, which gave rise to immediate cause (a), stoting the under-lying cause lost. Canditians, if any, which gave rise to immediate cause (a), stoting the under-lying cause lost. Canditians, if any, which gave rise to immediate cause (b). DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS'
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY (PERFORMED? YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work at work 19	20e. PLACE OF INJURY (Infoctory, street, office		awn)	(Caunty) (Stat
220. SIGNATURE H. Fle Date	d that death accurred	MED. S		9, that (I) (we) la the date stated above 22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	PETERY OR CREMATORY	ustown	My (City, tawn, ar coun	ty) (Stote)
REMOVAL (Specify) 6-15-61 Rose Hi.		Hager		Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
Kraiss Funeral Home Hagerstown,	Md.	DATE JUN 1 6 '61	Cirthur	S. Thomas

TO HOS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are ofter death. Page 4 may be coined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremotian, or removal, and in any event, within 72 haurs offer death.

VR A1S (4) 1SM 9/59



Lat the comments of the they were many to me fore from the part of the one-of the facility of the same of th within 24 hours after TO HC L'AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivitien within 24 hours after death rage 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DIVISION OF STATISTIC

MARYLAND STATE DEPARTMENT OF HEALTH

CAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE 1	, MA	RY	LA	N
	(ERT	IFICATE	0	F	DEATH			0	75	26	9 6

1	1. PLACE OF DEATH a. COUNTY			hera daceasad lived, If institution, R	lesidence before edmission)
1	Washington	MARYLAND	a. STATE Maryla	nd Wa	shington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	42	de corporate limits, writa RURAL end	f give neerest town)
-	Hagerstown	28 years	OO Hagers	LOWIL	IC DECIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street addrass)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
	656 Virginia Ave.		656 Vir	ginia Ave.	YES NO
	3. NAME OF First DECEASED	Middle		DATE Month	Dey Year
	(Type or print) JOHN	MELCAJAH		EATH June	22 1961
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	, DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	
	Male White WIDO	WED DIVORCED	November 30, 190	07 Sirthdey) Months Months	Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & S	tate, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
		oe store	Scottsburg, V	Virginia Virginia	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	John M. Lacy, Sr.		Emaline Pr	riest	
4	(Yes, no, or unkown) (Ifyes give wer or dates of service)		NFORMANT	Address	
	Yes W.W. II 2		rs. Ruth Lacy	Hagerstown, N	
	18. CAUSE OF DEATH [Enter only one ceuse p	er line for (a), (b), end (c).]	1 .0 -		ONSET AND DEATH
	IMMEDIATE CAUSE (6)	Melastatic	hymphon	na	3 yra
	202./ DUE TO		,		4
	Conditions, if eny, which (b)				
	geve rise to immediate ceuse (a), steting the underlying DUE TO				
	ceusa last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
2	CAT				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I o	or Part II of item 18.)	
	ZOc. TIME OF INJURY Month, Dey, Yeer 20	, ,		of. (City or town) (Cour	nty) (Stete)
		hile Not While tect	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) att	ended the deceased from.	10/11 1958	8, to 6/22 , 196	21. that (I) (we) last
	saw the deceased alive on		4/20	, from the causes and on t	
	22a. SIGNATURE	1 00	ATTENDING MED.	STAFF	22b. DATE SIGNED
	Kohentthe	amp sell	D. PHYS. DIRECT		9/22/61
	22c. PHYSICIAN'S NAME (Type)	Can shall	22d. ADDRESS	T. W. J	
	1 hoberivin	· Campbell	Hager		
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		LOCATION (City, town or county	
	Burial 6/24/1961	Rose Hill Cer	10001	Hagerstown	Maryland
	24 Suter Director's signature uneral H	ome ADDRESS		REGISTRAR 25b. REGISTRAR'S	
	R. Franklin Berger	Hagerstown,	Md. DATUUN 2	8 '61 arthur S.	Thous

noteridan modern 656 First and Sec. . or sint girl a Santa Alle Santa Cally Jan Santa Santa 100 mm 200 mm ans, r Scottabor, Tir inia M.F.R death and the es . W. I. Eller-1972 var. Luch so, Francisco, Francisco Direction of the Company of the Comp

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07960

1. PLACE OF DEATH O. COUNTY Washington MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ARE OF DECEASED (Type ar print) ARON ARON Henderson Lanehart 1. DATE OF BIRTH P. AGE (In years If UNDER 1YEAR IF UNDER 1248 IF UNDER 1248
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL Hazerstown Md. d. NAME OF HOSPITAL (If not in haspital, give street address) A NAME OF WAY Nursing Home 3. NAME OF DECEASED (Type or print) Maryland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hancock Maryland d. STREET ADDRESS OR INSTITUTION ON A FARY YES NO
RURAL and give nearest town Rural Hagerstown Md. 1 Mo.5 Days d. NAME OF HOSPITAL (If not in haspital, give street address) Atte Way Nursing Home 3. NAME OF DECEASED (Type or print) Aaron Henderson Lanehart Hancock Maryland d. STREET ADDRESS e. IS RESIDEN ON A FARM YES NO Non A FARM YES NO 1. DATE OF DECEASED (Type or print) Aaron Henderson Lanehart A DATE OF DEATH 6 26 196
d. NAME OF HOSPITAL (If not in haspital, give street address) Tate Way Nursing Home 3. NAME OF First Middle Last OF DECEASED (Type ar print) Aaron Henderson Lanehart DEATH d. STREET ADDRESS e. IS RESIDEN ON A FARI YES NO O
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF OF OF DECEASED (Type ar print) Aaron Henderson Lanehart DEATH 6 26 196
(Type or print) Aaron Henderson Lanehart DEATH 6 26 196
Aaron denderson Lamenart b 25 %
5 SEX A COLOR OF PACE 7 MARRIED TO MEVER MARRIED TO 18 DATE OF RIPTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24
THE PARTIES AND ARRIED TO A PARTIES AND A PA
M White WIDOWED DIVORCED Feb. 20.1878 83 yrs.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry)
Labor Saw Mill Fulton County Penna U.S.A.
13. FATHER'S NAME
Issac Lanehart Savannah Younker
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
at leaf on Ford Description To Tourish and OCCO Tourish A
1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
internal cause to Cure as all all a failure guide
421,4 DUE TO 00 1 1/0
Conditions, if dry, which) (b) Chronic Valvular Misease 342
gave rise to immediate
cause (a), stating the under. DUE TO
lying couse lost. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
PERFORMED YES NO
U 30. ACCIDENT WAS INDEPENDED IN 20th DESCRIPT HOW IN HUND OCCURRED (False ashered internity Book Lat
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Nat while of work of work
Haur a. m. While Nat while foctory, street, office bldg., etc.)
p. m. '' at wark or work
21. I certify that (I) (this haspital) attended the deceased fram / 1040. 1961, to 401961, that (I) (we)
saw the deceased alive an June 26,1961, and that death acturred and M. M. from the causes and an the date stated about
saw the deceased alive an June 26, 1961, and that death acturred a 50, M, from the causes and an the date stated above 223. SIGNATURE
220. SIGNATURE \ 22b. DA
22d. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
220. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS.
22d. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 220. PHYSICIAN'S NAME (Type) David R. Brewey 221. ADDRESS 222. ADDRESS 224. ADDRESS 226. ADDRESS 226. ADDRESS 226. ADDRESS 226. ADDRESS 227. D 227. PHYSICIAN'S NAME (Type) David R. Brewey 228. D 229. D 220. ADDRESS 220. AD
22a. SIGNATURE PHYS. ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS PHYS. 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 24d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 25d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMAT
22c. PHYS.CIAN'S NAME (Type) David R. Brewey 23c. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C. REMOVAL (Specify) Burial 6.29.61 Park Head Rural Hancock Washingto
22a. SIGNATURE PHYS. ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS PHYS. 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 24d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 25d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMATION, 25d. BURIAL, CREMAT

may by Adined by the haspital ar attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs ofter death. rs after death. Page 4 **6. OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 ained by the haspital ar attending physician.

TO HOS VR A15 (4) 15M 9/59

The second secon call the state of and the state of t ind. Addition of the grade decrees a mortalers, the long and the second of

11		7280	CERTIFICATE	OF DEATH	STREET,	BALTIMORE	07	269
月 記	PLACE OF DEA	TH		2. USUAL RESIDE	NCE (Where o			nce before edmission
		ington	MARYLAND	a. STATE Pa.		b. COUN	Frankli	n
	b. CITY OR TOWN	N (if outside corporete lim	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida cor	porete limits, write	RURAL and give	nearest town)
	Hagerst		D.O.A.	Willow	Hill,	Pa.		
1	d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	S		000	a. IS RESIDEN
1	Washingt	ton County H	ospital				7X-7	YES NO
3.	NAME OF DECEASED	Firs	f Middle	Last	4. DATE	Month	Day	Yeer
	(Type or print)	Mary	R	Lehman	DEAT	June	28	19 61
5	. SEX	6. COLOR OR RACE	7. MARRIED ON NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeers lest birthdey)	IF UNDER T YEAR	IF UNDER 24 HR
	Female	White	WIDOWED DIVORCED	May 18 1902		yrs.	Months Deys	Hours Min.
10	Da. USUAL OCCUPA	ATION (Give kind of wor	k 106. KIND OF BUSINESS OR INDUST		unty & State, o	Toreign country)	12. CITIZEN	OF WHAT COUNT
a	Housewi	working life, even if retire	ad)	Managamath	la Vinal	. O. W.	17 6	
13	3. FATHER'S NAME			Maugansvi I	N NAME	1. 00. PIO	U · ·	5. A.
	Daniel II I	Small to		Mary Hor	st			
15	David M	EVER IN U.S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17.			Address		
()		(If yas give war or detes of		oward F. Le	ehman	Wi.71	ow Hill	Pa.
-	N _O	DEATH Enter only on	e couse per line for (e), (b), and (c).]	10001011	101100016		- IN	TERVAL BETWEEN
	PART I. DEA	ATH WAS CAUSED BY:	muss	0.0	anda.	- len		NSET AND DEATH
	Line	IMMEDIATE CAUSE (e)		eren /	nga	â		1 any
	Conditions, if e	DUE TO	1) - #0 1 - 1	Partis II	ant	Dee		lun
	geve risa to imme	ediete ceuse		want 17	-104	25-5-		
	(e), stating the							
-	cause last.	HER SIGNIFICANT COND)	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	FN IN PART 1(a)	19. WAS AUTOP
		o c	0 ,				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
15	6	1 1 1						VEC TO NINVE
FICATIO	ao	enter o	LONGTON INTERVOCCION	D. /Enter nature of Injury i	n Part Los Part	Il of item 18 \		YES NOX
ERTIFICATIO	20e. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING OF DEATH	206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury i	n Pert I or Pert	II of item 18.)		YES NOX
AL CERTIFICATION	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF	NG CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURE				(County)	
1 -	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, Yo	20b. DESCRIBE HOW INJURY OCCURED aer 20d. INJURY OCCURED 20e. Pl While Not Whila fe	ED. (Enter neture of injury in LACE OF INJURY (Home, fe lectory, street, office bldg., e	rm, ; 20f. (Ci	If of item 18.) by or town)	(County)	YES NOX
MEDICAL CERTIFICATION	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL 20c. TIME OF IN Hour 8.m	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You n. 19	20b. DESCRIBE HOW INJURY OCCURED aer 20d. INJURY OCCURED 20e. Pl While Not While fe work at work	LACE OF INJURY (Home, fe clory, street, office bldg., e	rm, 20f. (Ci	ty or town)		(State)
1 -	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL 20c. TIME OF IN Hour 8.m	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You n. 19	20b. DESCRIBE HOW INJURY OCCURED aer 20d. INJURY OCCURED 20e. Pl While Not Whila fe	LACE OF INJURY (Home, fe clory, street, office bldg., e	rm, 20f. (Ci	ty or town)		(State)
1 -	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL) 20e. TIME OF IN Hour a.m p.m 21. certify	NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You n. 19 7 that (I) (this hosp	20b. DESCRIBE HOW INJURY OCCURED aer 20d. INJURY OCCURED 20e. Pl While Not While fe work at work	LACE OF INJURY (Home, fectory, street, office bldg., e	rm, 20f. (Ci	ty or town)	, 15.1,	(Stete) that (I) (we)
1 -	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL) 20e. TIME OF IN Hour a.m p.m 21. certify	NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER VIURY Month, Day, You n. 19 7 that (I) (this hosp passed alive on2	20b. DESCRIBE HOW INJURY OCCURED aeer 20d. INJURY OCCURRED 20e. PI While Not Whila et work at work ital) ital) attended the deceased from	LACE OF INJURY (Home, fectory, street, office bldg., e	196.1, to	ty or town)	, 15.1,	that (I) (we)
1 -	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece	NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER VIURY Month, Day, You n. 19 7 that (I) (this hosp passed alive on2	20b. DESCRIBE HOW INJURY OCCURED aeer 20d. INJURY OCCURRED 20e. PI While Not Whila et work at work ital) ital) attended the deceased from	ATENDING PHYS.	20f. (Ci 196.1, to	1y or town) 228	, 15.1,	that (I) (we)
1 -	20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIL 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. BIGHATURI	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, Yo n. 19 7 that (I) (this hosp passed alive on2	20b. DESCRIBE HOW INJURY OCCURED aeer 20d. INJURY OCCURRED 20e. PI While Not Whila et work at work ital) ital) attended the deceased from	2.7. JUNE	20f. (Ci 1951, to M, fro MED. DIRECTOR	D28	, 15.1, and on the d	(Stete) that (I) (we) late stated abo
MEDICAL	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. AIGMATURE 22f. PHYSICIAN NAME (Typ)	ng CAUSE OF DEATH IFY MEDICAL EXAMINER nn. 19 That (I) (this hosp eased alive on2 Eldadd Y Specific Richard	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED While Not While et work at work ital) attended the deceased from 7JUINE19.61, and the	ACE OF INJURY (Home, felectory, street, office bldg., electory, street, office bldg., electory	196.1 to	STAFF PHYS.	, 15.1, and on the d	that (I) (we) late stated abo 22b. DAT SIGN
MEDICAL	20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. EIGHATURI 22f. PHYSICIAN NAME (Ty;	NG CAUSE OF DEATH IFY MEDICAL EXAMINER VIURY Month, Day, You no. 19 V that (I) (this hosp passed alive on2 ELLA VICTOR Richard ATION, 23b. DATE THE	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED While Not While et work at work ital) attended the deceased from 7JUINE19.61, and the	ACE OF INJURY (Home, felectory, street, office bldg., electory, street, office bldg., electory	196.1 to	D28	, 15.1, and on the d	(Stete) that (I) (we) late stated abo 22b. DAT 30 June
WEDICAL	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. AIGMATURE 22f. PHYSICIAN NAME (Typ)	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You no. 19 To that (I) (this hosp passed alive on	20b. DESCRIBE HOW INJURY OCCURED aeer 20d. INJURY OCCURED 20e. PI While Not While fe et work at work fe ital) attended the deceased from 7JUINE	ACE OF INJURY (Home, feletory, street, office bldg., electory, at death occurred at ATTENDING PHYS. 22d. ADDRESS 1135 POT OR CREMATORY TO GREMATORY	196.1, to 196.1, to 196.1, to 196.1 MED. DIRECTOR 23d. LOG 12d.	STAFF PHYS. ENUE HA CATION (City, tow	GERSIOWN	(State) that (I) (we) late stated abo 22b. DAT SIGN SIGN (State) Pa.
WEDICAL	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. BIGNATURI 22f. PHYSICIAN NAME (Typ) 38. BURIAL, CREMA REMOVAL (Specie	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You no. 19 That (I) (this hosp passed alive on	20b. DESCRIBE HOW INJURY OCCURED aeer 20d. INJURY OCCURED 20e. PI While Not While fe et work at work fe ital) attended the deceased from 7JUINE	ACE OF INJURY (Home, feletory, street, office bldg., electory, at death occurred at ATTENDING PHYS. 22d. ADDRESS 1135 POT OR CREMATORY TO GREMATORY	20f. (Ci 196.1, to 196.1, to MED. DIRECTOR OMAC. A. 23d. LO te C7	STAFF PHYS. CATION (City, town) CATOR (City, town)	GERSIOWN vn or county) burg,	(State) that (I) (we) I late stated abo 22b. DAT SIGH (Stata) Pa.
WEDICAL	20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIL) 20e. TIME OF IN Hour a.m p.m 21. I certify saw the dece 22e. BIGNATURI 22f. PHYSICIAN NAME (Ty) 33a. BURIAL, CREMA REMOVAL (Special 311 Tig. 1	NG CAUSE OF DEATH IFY MEDICAL EXAMINER NJURY Month, Day, You no. 19 That (I) (this hosp passed alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED While of work Not Whila fe ital) attended the deceased from TJUNE	ATENDING PHYS. 135 POT OR CREMATORY 255. R	20f. (Ci 196.1, to 196.1,	STAFF PHYS. CATION (City, town) CATOR (City, town)	GERSIOWN	(State) that (I) (we) I late stated abo 22b. DAT SIGH (Stata) Pa.

no de la company Haggertonn L. C. D.A. 83 Marie Contail L Service Watte A . R . U . M. . CO . dan la . Live cont. . The test about the man at . I have the Carried Control of Assurance Dec 70° CSF Control of a freehold branches and it is the strength of the THE RESERVE TO BE UNDER THE PROPERTY OF THE PARTY OF THE

	WAKTLAND STATE DE	PAKIMENI OF	HEALIH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
7287		OF DEATH		0727

A		PLACE OF DEAT	H			- 11	2. USUAL RESIDE	ICE (Where dece	eased lived, If in	stitution: Reside	nce before e	dmission)
	8	a. COUNTY	Washington		MARYLI	AND						
		b. CITY OR TOWN write RURAL en Hagerstow	(if outside corporete limit d give nearest town)	S,	c. LENGTH OF STAY	IN 1b	C. CITY OR TOWN	(If outside corpora			neerest tow	rn)
B		d. NAME OF HOSP	ITAL OR INSTITUTION (i	f not in hosp	pitel, give streat eddress	s)	d. STREET ADDRESS	S				ESIDENCE
1			on County H	ospita	1		Avalon	Manor			YES	NO S
		NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	De	y Yee	
		(Type or print)	GRACE		CANNON		LOOSE	DEATH	June	7	19	61
		sex Female	White	7. MARRIED	DIVORCED	K 8.	DATE OF BIRTH		AGE (In yeers last birthdey) 81 yrs.	Months Days	Hours	Min.
	10a	. USUAL OCCUPA	TION (Give kind of work	10b. KII	ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Cou	unty & State, or fo	024	12. CITIZEN	OF WHAT	OUNTRY?
		Houseke	orking lifa, even if retire eper	d)				own, Md.		U	.S.A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDE					
1		Henry	Clay Loose				Vir	ginia Pe	earson			
/			VER IN U.S. ARMED FOR		SOCIAL SECURITY NO.	. 17. IN	FORMANT		Address			
		no	(11 y 02 g 1 Y 0 W 01 01 0 0103 013	31 4160)		Mr	s. Victor I	. Miller	Hager	stown,	Md.	
		18. CAUSE OF	DEATH [Enter only one	ceuse per li		1		, ,		1.0	NTERVAL BET	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Han	markha	910	Penc	recti	tis		7 de	1.
		CX7.1	DUE TO			0						
		Conditions, if on										
		geve risa to immed	diate cause									
		(e), steting that couse last.	underlying									
	z		R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(e)	19. WAS A	
	110	1	10:00	11 ,0	ant	0	1,258.	law al	15011	0	YES T	RMED?
	FIC	20a ACCDENT V	VAS UNDERLYING	20b. DESC	CRIBE HOW INJURY OF	CCURED.	(Enter neture of injury in	n Pert I or Pert II o	of item 1B.)	<u> </u>		
~	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 010.								
1	MEDICAL	20c. TIME OF INJ	URY Month, Day, Yes	er 20d. I While			E OF INJURY (Home, fa y, street, office bldg., e		or town)	(County)		(Stete)
	MED	Hour a.m.	19	at work								
		21. I certify	that (I) (this hespit	al) attend	ded the deceased	from	TURE !	19.6. to	June	7, 196.1,	that (I)	(we) last
		saw the decea	sed alive on	ne 7	19 G. L, an	d that	death occured at/	c.P.M. from	the causes a	nd on the	date state	d above
		22a SporyATURE	1	1 11					STAFF		226	. DATE
1		Hans	10./1	11/2	m	M.D	ATTENDING PHYS.	MED. DIRECTOR	PHYS.		, 6/	SIGNED
ľ		22c. PHYSICIAN	N	17 ;	1		22d. ADDRESS 2	-14 N.	Potor	nac.	14,	
Ĩ		NAME (IT) po	"Lloyd A	/-	tortm	22		Has	ersto	nn.1	nd.	
	23e	BURIAL, CREMA	TION, 236. DATE THE	REOF	23c. NAME OF CEN	AETERY O	R CREMATORY	23d. 19CA		n or county)		itata)
		Burial.	6/9/196	1	Rose Hi	11 C	emetery	Hage	rstown		Md.	
	24	FUNERAL DIRECTO	R'S SIGNATURE	- 5	ADDRESS		25e. R	EC'D BY REGISTR	AR 25b. REGI	STRAR'S SIGN	IATURE	
U	1	outer 2 R	ouzer Funer	al Hon	ne Ha <i>g</i> ers	town	Md DATE	JUN 1 2 '61	a.	Chur S. K.	aus	
	1	1 0	- 0.7		TION RET 3	AAAH	,					

TO HOW ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executable within 24 hours after a death. Fage 4 may be retained by the hospital or attending physician.

TO HOW FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit.

rod ning

The state of the s

astil oferol

Bange Clay Locate - 1

(Lend) Mosterell

mediantiness that the best risk

more sent a learner

the second of the same of the second of the second

THE RESERVE AND THE RESERVE OF THE PROPERTY OF

Is 1522 | Silver Jack V. Ast State 29 1 M. - Comment

CONTRACTOR CONTRACTOR OF THE PARTY OF THE PA

THE THE RESERVE THE THE PARTY OF THE PARTY O

AN meeting all professed fifth each to year old the mentioner and the second

Successful Statement of the commence of the successful statement of the successful sta

VR A1S (4) 15M 9/59

7282

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07271

1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deco	eased lived. If institution: b. COUNTY	Residence befare admission)
)	Washington	MARYLAND	Maryland	9.9.9	shington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside a		
	d. NAME OF HOSPITAL (If not in haspital, give street	6 Months	d. STREET ADDRESS	gerstown N	e. IS RESIDENCE
1	OR INSTITUTION				ON A FARM? YES NO NO
	Western Gronic Hospit	91	II.	**	
	3. NAME OF DECEASED (Type or print) Philip	Thomas	MACCUMBEE OF	ATH Month	23 196/
	S. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	White WIDOW		Feb.5.1948		Manths Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU		an country)	12. CITIZEN OF WHAT COUNTRY?
	Student	Student	Washington	Maryland	U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
J	Vernon E MacCumb 1s. was deceased ever in u. s. armed forces? 16		Vergie M Va	Address	Md.
	(Yes, no, or unknown) (If yes, give wor or dates of service)	None V	ernon E MacCum	bee Rural	5 Hagerstown
	1B. CAUSE OF DEATH [Enter only one cause per	A		1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tobular	Preumou	a	ONSET AND DEATH
	196 DUE TO		Incoma wi		
	Canditians, if any, which) (b)	: Wm98 /	larcoma wi	d metast	asis 6 month
	gave rise to immediate cause (a), stating the under-				
	lying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN	PERFORMEDY
	Y CONTRACTOR OF THE PROPERTY O	CONTRACTOR OF COMPANY	TO (5.1	Post II of item 19 \	YES NO II
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 a	r rarr ii or iieni io.,	
	20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. m. p. m. 19 al wo	L-	ACE OF INJURY (Hame, farm, 20f.	(City ar tawn)	(Caunty) (State)
	p. m. 19 at wo	ork at wark		1	
	21. I certify that (I) (this haspital) atten		1		, 19, that (1) (we) last
	saw the deceased alive an func 2	319.6.1. and that	death accurred at A.M. fr	am the causes and	an the date stated above. 22b.DATE
	22a. SIGNATURE	Ohm	M.D. ATTENDING MED. DIRECTOR	STAFF N	fre 23, /qs/gyED
	22c. PHYSICIAN'S NAME (Uppe)	F OU	22d. ADDRESS	4	11 + 11
	10 UNG	6. CHUN	1500 De	una, Ave.	tageriown, ma
	23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMINTORY 23d. LO	OCATION (City, tawn, ar	caunty) (State)
1	Burial 6.26.61	St.Poters (Catholic Har	10001	ington Md.
y	Harain & Hears	Homena	a mal DATE JUN 2		thuy S. Kraus

. But an adverse all 2 of the 12 B.O. F. do E. invitational and Taxon being their light to be a second to be a se AND THE PROPERTY OF THE PARTY O the first will be store the second about it is seen to be been

		1		
DEST MEDICAL EXAMINER: Into certificate shauld be executed within 24 hours after death. If any 1 is necessary, please exe-	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer frector. Page 4 should be	provided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your Yiles.	FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, crematian,	(
2	ute	rword	FUNER	removal

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Washington o. STATE Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Route # 4 Hagerstown 16 urs Route # 4 Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Route # 4 Route # 4 YES NO PO 3. NAME OF First Middle 4. DATE Month Day Yeor DECEASED Oliver. 23 Homer Marauss une (Type or print) DEATH 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Male WIDOWED | Dec. 27.1894 DIVORCED T YIS. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction USA Pine County Ill. arpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Abraska Marguiss Sadie E. White 16. SOCIAL SECURITY NO. 17. INFORMANT Address E. E. Marquiss Hagerstown, Maryland 351-07-0528 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corebral Hemorrhage 10 minutes DUE TO (b) Carcinoma Involving The Right Temperal & vears DUE TO Maxillary Area Of Face. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stole) Not while a. m. at work of work Inspection , Inquiry, and find that Accident , Suicide , Homicide , Undetermined cause

Conditions, If any, which gove rise to immediate cause (o), stoting the underlying couse lost. 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY 21. I certify that I took charge of the remains described above, held an Autopsy , death resulted from: Natural causes ... ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 6-211-57 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Rest Haven Cemeter Hagerstown Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJUN 2 3 '61 Rest Haven Guneral Chapel Hagerstown, Md.

5M 9/55

	The state of the state of	aumia a Sagriff Sagriff	TELEVI V
		a desirable and the comment of the c	300
on East			
		Same Same	
	e - 4		
			200
Service of the Service of			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3284 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND unerol CITY, OR TOWN (If outside aproporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe daive nearest taw ploods ens ugan e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS NAME OF First Middle ear filled DEATH ages (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Manths Doys Hours ofter DIVORCED WIDOWED | hours USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dring most of warking life, even if retire puo corbon 72 within physicion remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT auganour -0700 offending pleose ATTENDING PHYSICIAN: The low requires that the death INTERVAL BETWEEN CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO þ permit. Conditions, if ony, which been signed gave rise to immediate DUE TO cause (o), stating the underlying couse lost. buriol-tronsit offending physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION cremotion, YES NO hos 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) So 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) Day, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc. o. m. While Nat while at wark at wark n m 5/28 613, 1961, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram..... P.M. fram the causes and an the date stated above. and that death accurred saw the deceased alive an DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED 6-5-61 DIRECTOR | M D PHYS. 22c. PHYSICIAN'S 22d. ADDRESS West Washington St., should John H. Hornbaker, M.D. NAME (Type) TO FUNERAL Hagerstown. Md. poge 3 sh the Stote 230. BURIAN CEMATION, 23b. DATE HEREOF GEMETERY OR CREMATORY CATION (City, town, or county) (State) 25b. REGISTKAR'S SIGNATURE DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR whilmy S. Throng VR A15 (4) DATE HIN 15M 9/59

Will stand and the stand of the White to be a control for HE STATE WHET AM STATE Late to Court and a street LAGIST MARTIN Rateson Shark The seed of the se

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07274

_ =		UINU
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
Λ	. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Washington
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	
	write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hagerstown 19 yrs.	Hagerstown
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat addrass)	d. STREET ADDRESS a. IS RESIDENCE
1	lll North Locust Street	Ill North Locust Street No X
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
	(Type or print) WILLIAM FERMAN McBR	IDE DEATH June 2 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	last birthdey)
		ecember 27,1876 84yrs.
_	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor W. M. RR. Railroad 13. FATHER'S NAME	Y 11. BIRTHPLACE (County & State, or foreign country) Aineral Co. W. Va. Patterson Creek, 14. MOTHER'S MAIDEN NAME
	Colum McBride	Mary V.Ullum
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewarordetesofservice) No 705-10-7249 I	Cumberland, Maryland
=	NO 705-10-7249 1 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	ra W. McBride 427 Goe the St.
		ONSET AND DEATH
	IMMEDIATE CAUSE (0)	occlising a mfaction 3 day
	Conditions, if any, which (b) Cuturose	
	Conditions, if any, which \ (b)	levely heart ayeare your
- 1	gave rise to immadiate ceusa	
	(e), signing the underlying	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IMPART 1(a) 119. WAS AUTOPSY
	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CONTRIBUTING	ble. Bunkle branch block, YES NO X
1	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Pert I or Pert II of item 18.)
		CE OF INJURY (Home, farm, '20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	p.m. 19 et work at work	0 1 62 0
	21. I certify that (I) (this hospital) ettended the deceased from.	19 10 2 June 196 that (I) (we) last
_		death occured at
3	22e. SONATURE	22b. DATE
<i>l</i> I	18 18 18	ATTENDING MED STAFF _ 1061 SIGNED
	Mara 1 mo	M. PHYS. DIRECTOR PHYS. 2 JUNE, 1901
	22cc PHYSICIAN'S NAME (Type)	
	RICHARD T. BINFORD, M. D.	1135 POTOMAC AVENUE, HAGERSTOWN, MO.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Burial 6/4/61 Rose Hill	Cemetery Hagerston, Wash, Co. Md.
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Andrew K. Coffman Hagerstown, Mary	Tand DATE JOIN 7 '61
1-		Ctothan S. Thous

TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect. Within 24 hours after death the get 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

With the state of Coronary believed that them yours Istichind Bitumingerber. Bund hund lot of 9 for 3 Com 61 Reclared The South X The court of the second ALONS A. OR CARL TO LONG TO SERVICE TO A SER

urs after death. Page 4

7286

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07275

									0 0 10 1	
)		PLACE OF DEATH o. COUNTY Washington		MARYLAI	2.	usual residence (Wheeler State Maryland		. If institution: Re b. COUNTY	washi	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 17 yrs.		16	c. CITY OR TOWN (If ou	rstown	nits, write RURAL			
1		d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Washington Count		ddress)	1	d. STREET ADDRESS		37.0	e	IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED	First	Middle	11	Last	4. DATE OF	Month	Doy	Yeor
	-	(Type or print) Katherin		Louise		ntzer	DEATH	June	21	19 61
	5. 9	Female White		DIVORCED		pt. 20, 19	913 47	E (In years IF UI t birthdoy) Mor yrs.		Hours Min.
	10a	USUAL OCCUPATION (Give kind of wor during most of working life, even if retire Planner	ed)	Aircraft	NDUSTRY	11. BIRTHPLACE (Stote of Lovetts		Va.	2. CITIZEN OF	WHAT COUNTRY?
	13.	FATHER'S NAME		2622 01 02 0	14	. MOTHER'S MAIDEN N		765		
)	Franklin P.	Ment	zer		Ida	Grams			
-		WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFOR	MANT	MERCE	Address	250	
		The year, gird war at addition		-20-9013	Mi	ss Virgie	E. Men	tzer I	lagers	town,
		1B. CAUSE OF DEATH [Enter only one							INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Bra	in Absces	8		-		Inc	letermin
		342X DUE	o						ate	
		Conditions, if any, which gove rise to immediate	(b)							
		cause (a), stating the <u>under-</u> lying cause lost.							1	
	ATION	Pam II. OTHER SIGNIFICANT CO. Diabetes Melliovascular Dise	onditions co	ONTRIBUTING TO DEATH	G Le	related to the termin	Hypisease coa	Mad die	187 to 18	PERFORMED?
)	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	20b. DESC	RIBE HOW INJURY OCC						
		20c. TIME OF INJURY Month, Day,	<u> </u>	JURY OCCURRED 20	e. PLACE	OF INJURY (Home, form,	20f (City or to	wn)	(County)	(Stote
	MEDICAL	Haur a. m. p. m.	While	Nat while ot work	foctory	street, office bldg., etc.			(300//	(
		21. I certify that (I) (CKIK KOKIK)	M) attende une 2	ed the deceased from	om Ju		35 am the			stated above
	4	22a. SIGNATURE	2	n P	M.D.	ATTENDING ME	D STA	AFF	1000	22b. DATE 23-61 IGNED
		22c. PHYSICIAN'S NAME (Type) W. T. La	yman,	M.D.	M.D.	22d. ADDRESS 1 00	Profes		Arts	
	_						erstown			
	230	Burial CREMATION, 23b. DATE THER REMOVAL (Specify) Burial 6-24-		Mt. Olive			Lovet	tsville	37	(State)
	24.	FUNERAL DIRECTOR'S SIGNATURE	THE	ADDRESS		25a. REC'E	BY REGISTRAR	25b. REGISTRAF		
	S	cott F. Minnich	& Sor	agerst	own.	Md DATE	N 2 6 '61	Cirilian	1 S. Krau	A

VR A15 (4) 1SM 9/S9

			Incas M.
	Mark School Vistalia		
	and the left with a time.		
	of the Assessment Lines		and the second
		destine during	
	searches a seguir seller	nage of the	
- 10	Marian Salara A	ROMAL MADE	Wednie .
	All colonies of the		
Bental State	Diversion of the property of		
		internal profit delega	

FOR STATE HEALTH DEPI TO DY ATY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1404	S CERTIFICATE OF BEATTI
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
Washington MARYLAND	o. STATE Md. b. COUNTY Wash.
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Funkstown 3½ months	Funkstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDEN
	ON A FARM
3. NAME OF First Middle DECEASED (Type or print) Carrie Eva	Miller A. DATE Month Dey Yeer OF June 4, 10 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
female white WIDOWED DIVORCED	June 11, 1909 51 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
dome during most of working life, even if retired) house work	Smithsburg, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Reynolds	Lula Kendall
	INFORMANT Address
(Yes, no, or unkown) (If yes give we ror detes of service) 10	Ilmore Miller, Funkstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic	Heart Disease Recent
420.0 DUE TO	meart Disease
Conditions, if eny, which \ (b)	
geve rise to immediate cause	
(e), sletting the underlying	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPS
TAKI II. O'HEK SIGNIHOMN GOTENION G	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONT	(Enter nature of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry , and in my opinion
	icide . Homicide . Undetermined manner
10.	CHIEF MEDICAL EXAMINER
ACTUAL A- SW Sulta	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Dr. E. J. Ditto Jr.	DEPUTY MEDICAL EXAMINER 5 Address (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
burial 6-7-61 Rose Hill	
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son, Hagerstow	n, Md. DATE JUN 8 '61 arthur S. Kraus

VS. A15ME 5M 7/59

Merk. . his rescur as a record to the dealers are noticed tell , and sample treff by onth Total Canada Company Company Little Company AND THE RELATED BY THE PROPERTY OF STREET, I THEN SELECTED BY THE PROPERTY OF 7288

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07277

	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE	b. COUNTY	n: Residence befare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) HAGE:RSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		JRAL and give nearest tawn)
	d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	oddress) SPITAL	d. STREET ADDRESS 5 ENGLEWOO	D RD.	e. IS RESIDENCE ON A FARMY YES NO
	3. NAME OF DECEASED (Type or print) HAZEL	MAY MI	LLER 4. DAT	TTTTTT	Day Year 4 19 6
	5. SEX 6. COLOR OR RACE 7. MARK FEMALE WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/9/1885	9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life even if retired)	KIND OF BUSINESS OR INDU HOME	MARYLAND	n cauntry)	U.S.A.
)	DANIEL I. ROHRER		MARY C. NEL	SON	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. NO unknown) (If yes, give war or dates of service)	- 20 - 20 20	IR. TOM O. MILL	ER HAGEI	RSTOWN MD.
	1B. CAUSE OF DEATH [Enter only one cause per lime. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	ne for (a), (b), and (c), yo czwdiz o ro nzry lizbetes	I intercti thrombori Mellitui	on	INTERVAL BETWEEN ONSET AND DEATH TAW 10 1 N
	PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II af item 1B.)	
	ZOc. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. 19 While at war	_ Nat while _ fa	ACE OF INJURY (Hame, farm, 20f. (ctary, street, affice bldg., etc.)	City ar tawn)	(Caunty) (State)
	21. I certify that (I) (Ithis hospital) attends saw the deceased alive an June 220 SIGNATURE	1961, and that o	Heath accurred at & A. M., from M.D. PHYS. MED. DIRECTOR 22d. ADDRESS. 2.14	STAFF PHYS.	
	23g. BURIAL, CREMATION, 23b. GATE THEREOF	HOFFme	R CREMATORY DOWN IN	CATION (City, tawn, a	· md ·
	BENGYA (Specify) 6/7/61	ROSE HILI	Charles in	AGERSTOW	3.5-
1	W. J. Marreal H	21 eralman	THO PATELUN 8	104	Lug S. Kraus

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOX

VR A15 (4) 15M 9/59

NATIONAL SECTION TO SHOW A WILL FOR NOT THE PARTY OF T A CHELLENGE STORE BANGAR I. I DE BREE TONE OF YEAR The transfer and the same of the same of AND THE RESIDENCE OF THE PARTY THE THE PERSON OF THE PERSON O

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7289 CERTIFICATE OF DEATH 7289 273

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission)
• COUNTY Washington MARYLAND	• STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Williamsport 40 yrs.	X Williamsport
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
141 N. Conococheague St.	141 N. Conococheague St. YES NO A FARMY
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
DECEASED	tchell Sr. DEATH June 16 1961
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
**	July 7 1888 72 yrs. 7188 Hours Min.
	July 7 1888 72 yrs. 11 8
done during most of working life even if retired	
<u>Labor</u> Tannery	Pennslyvania U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown) Mitchell	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 1205 WayneddressAve.
No 215 09 7356	Daniel F. Mytchell Jr Hagerstown Md
18. CAUSE OF DEATH [Enter only one cause per lipe for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	On M'all land the State of the
IMMEDIATE CAUSE (e)	- a a company and a day make
Good Miles (10 or 1)	
Conditions, if eny, which geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO
	. (Enter neture of injury in Pert I or Part II of item 18.)
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF THE STATE O	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Thou a.m.	ory, street, office bldg (etc.)
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	death occurred and M. from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
1 Self & F - beer a/M	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial June 19-61 Riverview C	emetery Williamsport Md.
24 FUNEDAD DIRECTOR'S SUSPENIER A AMAIN ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(Allhat Land Ulilleamsent	DATEJUN 1 9 '61 Carling S. Kraus
The state of the s	DAIL DAIL

ent to the transport works the telegraph some simple to Ed huy oand elle fant on en welle

7900

VR A15 (4) 1SM 9/59

C

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

07972

-	2 W C V	CERTIFICA	L OI DEATH	(106060
M	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	b. COUNTY	pefare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn) Hagerstown d. NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION) Washington County Hos		c. CITY OR TOWN (If outside corporate Hagerstown d. STREET ADDRESS 722 Potomac Av	limits, write RURAL and give	
	3. NAME OF First	Middle	last 4. DATE OF DEATH	Month June	Day Year 4 19 61
	Male White widow	ED DIVORCED S	ept. 20, 1890	70 yrs. Manths Da	
	10a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) Paper Hanger 13. FATHER'S NAME	vall paper	Tilghmanton, M		OF WHAT COUNTRY?
	Samuel Moats		Anne Munson		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		thur M. Moats	Address Hagerstown,	Md.
	PART I. DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	incer of C	Prostrute Carun-Vascul		NTERVAL BETWEEN ONSET AND DEATH ONE AND STATE OF THE STAT
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	artirio -/			19. WAS AUTOPSY PERFORMED? YES NO
	=	Nat while fact	CE OF INJURY (Hame, farm, 20f. (City ar tary, street, affice bldg., etc.)	rawn) (Cau	nty) (State)
	21. I certify that (I) (this hostival) attends aw (he) deceased alive an. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	YOUGNSTE	A.D. ATTENDING MED. SP PHYS. DIRECTOR P	TAFF HYS. COWN A	5-6/ SIGNED
	236. BURIAL, CREMATION, REMOVAL (Specify) Burial 6-6-61		n Cemetery Hag	(City, tawn, ar caunty) cerstown,	Md •
1	24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & So	n Hagerston	wn, Md DATEUN 8 '61	25b. REGISTRAR'S SIGNA	
					414.4

the second of th a record Hamilton of Talli, poper a Tallian to the control of A THE PARTY OF THE The control of the late of the control property is the first of the control of th

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7291 CERTIFICATE OF DEATH

Reg. Dist. No. 07280

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY FRANKLIN							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
HAGERSTOWN 12 HOURS	WAYNESBORO 75×-3							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 247 DHILADELDHIA AVE ON A FARM?							
WASHINGTON COUNTY HOSPITAL	247 PHILADELPHIA AVE.							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) GARDNER HOWELL MOATS	DEATH JUNE 7 1961							
S. SEX 6. COLOR OR RACE 7. MARRIED THE MARRIED	last highland							
MALE WHITE WIDOWED DIVORCED								
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR IN								
Foreman Maintance LANDIS MACH.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
J. Leslie Moats	Mary Lambert							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	7. INFORMANT Address							
No 217-10-3118	Mrs. Mabal Moats Wayneshore Pa							
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY EME	BOLUS 5 MINUTES							
DUE TO								
Conditions, if any, which are rise to immediate (b) THROMBO PHLEBITIS LEFT LEG ONE								
cause (o), stoting the under-								
lying couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
Bronchogenic carcinoma, disser	minated, lings, bilateral. YES NO							
OR CONTRIBUTING LI CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of item 1B.)							
O Hour a.m. White Net white	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) factory, street, office bldg., etc.)							
	19.61, to JUNE 7 , 161 , that I last saw the deceased							
alive an JUNE 7, 19 61, and that dec	ath occurred at 9:10PM, from the causes and an the date stated above.							
Les Visites	ADDRESS (Street, city or tawn, stote) DATE SIGNED							
SIGNATURE ATMIN A TYCKNE	JUNE 7,6							
PHYSICIAN'S								
NAME (Type) 30HN H. KEHNE M.D.	131 W. WSAHINGTON ST. HAGERSTOWN,							
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)							
Burial 6/10/61 Green Hi								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
Malter G THOUT (1) OUNCE	21000 (a DATE							

	1111001			Tellose'
		Usining triby, V.	12 100 31	и '=та тадац
V.	DAI VAE	1300 1114 742	HOSENTAL	HERE THE COURT
	7 3806		2TAOH 115	EAST GARDNER HO
		FEB. 20,1015		The Parket of th
	21.		LAMOIS MACH.C	
		The same of the same		anger of the total
371141		,	TOTAL STANDARY ICC	
133 / 34		83 1 THB 1 2 LT	INSTINCT OBJUENT	
T ENGL			7 300	Z BALC
	T-11-15-15-15-15-15-15-15-15-15-15-15-15-	14664 (17.181	1,4 21	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7292 CERTIFICATE OF DEATH Reg. Dist. No.7 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND NASHINIGTON WASHINGTON 正 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) should HAGERSTOWN AGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 205 S. MONIT WASH HOSPITAL OUNTY VALLARVE YES NO P oug NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH MBERI 19 6 IRRA YDIDI 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Days Months DIVORCED T WIDOWED MAI YES. .5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HNIDREW move hours WAYSON FNIORA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) 0. 11. factory, street, office bldg., etc.) While Not while ot work at work 21. I certify that I attended the deceased from . 19 6 hune 11, 196 Lithat I last saw the deceased and that death occurred at 2 42PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0 shoule PHYSICIAN'S T PR.F.D. DOVEN AGERSTOWN R 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

ADDRESS

240. REC'D BY REGISTRAR

DATE UN 1 5 '61

24b. REGISTRAR'S SIGNATURE

Civiling & House

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

The second secon			
The second secon	The second secon		
Here the second property of the second proper			
			STREET, STREET
			SAP Production 1 miles talks 1 fr
	1887 Miles Subject (1985 - 1985 March 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1986 - 1986 - 1986 - 19		

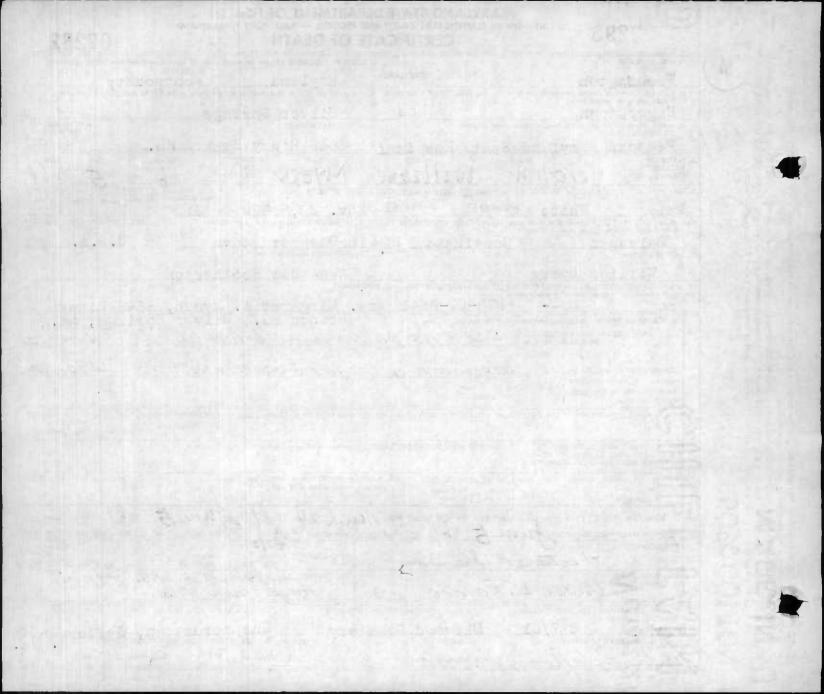
7293

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07282

)	1. PLACE OF DEATH o. COUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY	L	e admissio	n)
	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland		imits, write RURA		rest town)	
	Hagersto		3 Mos	Silver	Springs		152	2 -	7
	d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS	- Pri III			e. IS RESID	
1	or institution Western	Maryland Sta	te Hospital	8648 Pin	new Bran	nch Rd.		ON A F	
	3. NAME OF	First	Middle	Last	4. DATE	Month	Do	v Ye	eor
	(Type or print)	John	William	MYERS	OF DEATH	6	4	19	6/
	5. SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A		UNDER 1 YEAR	Hours Hours	Min.
	Male	White WIDOWE	ED DIVORCED	Nov. 22.	1899	61 yrs.	Doys	Hours	Min.
	10o. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR IND		e or foreign country	1)	12. CITIZEN OF	WHATCO	UNTRY?
	Salesma 13. FATHER'S NAME		tinental oBs	kingShephen	rds town		U.S.	Α.	
	W17712	am Myers		Anna Coe	Brothe	rton			
	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	2200	Address	11-1-1-1		100
	(Yes. no. or unknown) (I	f yes, give war or dates of service)	8-09-6641	Irs. Margare	et A. My	rers. 8	648 Pi	new	
		TH [Enter only one couse per lin			Rd., Sil	ver Sp			WEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OBUlar pi	184moNia.	bilate		70143	1 da	PLAIII
	1/1	DUE TO				Edward S		0	1
	Conditions, if on	y which) (b) Can	ecinoma de	Larynxac	greinor	na tosis	4	1/24	rears
	gove rise to in couse (a), stating t	nmediote Dus TO							
	lying couse lost.	(c)		PACIFIC IN					
	Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) 1	9. WAS AL	UTOPSY
	PART II. OTH							YES Z	
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port I or Port II of	Fitem 18.)			
	3 20c. TIME OF INJURY	Month, Doy, Yeor 20d. II		PLACE OF INJURY (Home, for		own)	(County)	-	(Stote)
	Y 20c. TIME OF INJURY Hour o. m.	While of wor	Not while	octory, street, office bldg., e	tc.)				
		t (I) (this haspital) attend		March 24 1	0/1 10 81	ino At	106/ th	at (1) (m	الما لما
	saw the decease		1. / /	death accurred at A		course and c	-/	at (I) (w	
	220. SIGNATURE	ad dilve dil A Corre	- 17 B-1.7 dila mar	deall accorded at 25	:/0	caoses and c	in the date		DATE
		Victor L.	Ramas		MED. ST	AFF HYS. 🔀	lun	E 5.	SIGNED
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS ZU	estern 1	nd, Sta	Te HOSA	ordal	
	type)	VICTOR L.K	ainos, mi		erstown				
	230. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town, or co	ounty)	(Stote))
	REMOVAL (Specify)	6/7/61	Elmwood Cer	eterv	Shepher	detown	Jaft	20000	C+
	24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		C'D BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	SETT	Va
	Madrice	& Collman 7	Honerstown	MI. DATE	JUN 8 '61	ani	hun S. Kr	aus	

TO HO VR A1S (4) 1SM 9/S9



VR A15 (4) 15M 9/59

7294

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07283

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence	
O. COUNTY WASHING TON MARYLAND O. STAP ANADA B. COUNTY	befare admission)
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give	e nearest tawn)
d. NAME OF HOSPITAL (I) not in hospital, give street address) OR INSTITUTION RD # 5 d. STREET ADDRESS OX -3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DAVID Middle Last 4. DATE OF	Day Year 14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 17 years IF UNDER 1	YEAR IF UNDER 24 HRS. ays Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life even if retired) Pelved Tarmy 7arm Work Canada 12. CITIZE Canada	en of what country?
Enos name Else Berkholder	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address St. Was no, or unknown) (If yes, give for or dates of service) None Manage Meghswaydy	anada
18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
4 30 DUE TO	1.
Canditians, if any, which gave rise to immediate (b) Coronary artery disease	Indefinit
cause (a), stating the under. DUE TO lying cause last. (c) Arteriosclerotic heart disease	Indefinit
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at wark	unty) (State)
21. I certify that (I) (this haspital) attended the deceased from June 14 10 61 June 14 19 6. saw the deceased alice and on arrival, and that death occurred M, from the causes and an the course of the course of the causes and an the course of the course of the causes and an the course of the causes and an the causes and an the causes are caused to the cause of the causes and an the causes are caused to the cause of th	that (1) (we) last date stated above.
220. SIGNATURE /2 / 1 . A CONTROL W. ALINOTE /12	5/15/61 DATE
22c. PHYSICIAN'S NAME (Type) B. B. Kneisley, M.D. 22d. ADDRESS 148 West Washington Hagerstown, Marylan	
23a. BURTAL CEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY CO 1/2 23d. LOCATION (City, to manage county), REMODEL ESPECIES.	canada Canada
24. FUNERAL DIRECTOR'S SIGNATURE DEPENDENCE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE

The state of the s All and I wanted them water water the state of the s The state of the second of the AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

exained by the haspital or attending physicion.

TO HC may

VR A15 (4) 15M 9/59

7295

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07284

	CERTIFICA	TIE OF DEATH		U	3202
1. PLACE OF DEATH o. CWEShington	MARYLAND	2. USUAL RESIDENCE (Who a STATE Maryland		If institution: Residence COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		s, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street DOWNSVILLE Pike	address)	d. STREET ADDRESS Downsville			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE OF	Month	Day Yeor 1967
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	75	Norris B. DATE OF BIRTH July 5 1906	9. AGE last b	AL III	19 1961 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote		12.CITI2	S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
William A Norr		Myrtle E.	. Rowe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		r. Fred Pax		ork Plac	e Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDI	ITION GIVEN IN PART	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in f	Part I or Port II of ite	m 1B.)	YES NO
Hour a.m. While	.3	LACE OF INJURY (Home, form actory, street, office bldg, etc.		1	Caunty) (State
21. I certify that (I) (this hospital) attended as the deceased glive an	11.1	deoth occurred of A	M fram the co	//	, that (I) (we) los date stated above
220 SCHATURE TO BULL	ig .	M.D. ATTENDING MI PHYS. DI	ED. STAF	·	22b page Sight
NAME (Type)				- Ar	Wind
Burial, (Remation, 23b. Sate thereof J ne 22-61	Boonsboro	Cemetery	Boonsbo	ro Md.	(State)
24. FUNERAL DIRECTOR'S SIGNATURE 202	MADDRESS WOOD	MA 25a. REC'	D BY REGISTRAR JN 2 2 '61	25b. REGISTRAR'S SIC	

THE COURSE STORY OF THE STORY O

7296

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CE	RTI	FIC	Δ	TE	O	F	DE	A	TH

07285

	o. COUNTY	SHINGTON	MAR	YLAND 2.	o. STATE MARYL		lived. If institution b. COUNTY	WASHTN	fore admiss	-
	b. CITY OR TOWN (If outs RURAL and give negrest HAGERSTO	side corporate limits, wr	ite c. LENGTH OF STAY		c. CITY OR TOWN (If or HAGERS	utside corpore	ote limits, write R	URAL ond give n	10101	1
	d. NAME OF HOSPITAL (III	f not in hospitol, give st	reet oddress)		d. STREET ADDRESS 1620 DUA	L HIG	HWAY			FARM?
1	3. NAME OF DECEASED (Type or print)	First	CLARK Middle	PAXTON	l SR.	4. DATE OF DEATH	JUNE	th 1	_ ′	Yeor 19 61
1	S. SEX 6. C	MITT I COTO	MARRIED NEVER MARR		ATE OF BIRTH 6/26/1865		P. AGE (In years lost birthdoy) 95rs.	Months Doys	AR IF UND	
1	RETTIRED PA	ive kind of work done	106. KIND OF BUSINESS OF MACHINES			_		12. CITIZEN	OF WHAT O	COUNTRY
1	3. FATHER'S NAME JOSIAH	PAXTON		1.	4. MOTHER'S MAIDEN N					
1	IS. WAS DECEASED EVER IN	U. S. ARMED FORCES? give wor or dates of service)	16. SOCIAL SECURITY NO NONE	MR.		C. PA	XTON J	D HAGI	ERSTO	NWC
	PART I. DEATH W	AS CAUSED BY: AEDIATE CAUSE (o) DUE TO which (b) diote	myo cand	inele	Thront Degen	votro	n al	OI	SET AND	yr.
	PART II. OTHER S	IGNIFICANT CONDITIC	ONS CONTRIBUTING TO DI	EATH BUT NO	T RELATED TO THE PERMIT	NAL DISEASE	CONDITION GIV	'EN IN PART 1(o)	PERFO	AUTOPSY RMED?
		DERLYING 20b. CAUSE OF DEATH ICAL EXAMINER)	DESCRIBE HOW INJURY O	OCCURRED. (E	nter noture of injury in P	ort I or Port	II of item 18.)		3	/
	20c. TIME OF INJURY N Hour o. m. p. m.	, N	Od. INJURY OCCURRED /hile Not while work 0 of work		OF INJURY (Home, form, street, office bldg., etc.		or town)	(Count	у)	(Stote
	21. I certify that (I) saw the deceosed 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	olive on 6-1	~-/		ATTENDING ME PHYS. DIF	D. RECTOR	treet Ha	d on the da	19-	above DATE SIGNE
	23a. BURIAL, CREMATION, 2	23b. DATE THEREOF 6/20/61	23c. NAME OF CEA		REMATORY EM _	23d. LOCAT	ION (City, town, or RKSBURG	or county)	(Sto	te)
1	24. FUNERAL DIRECTOR'S SIC	Sucut Sucut	ADDRESS —	low		BY REGISTI		STRAR'S SIGNAT		

VR A15 (4) 1SM 9/59

THE RESERVE OF THE PROPERTY OF divisional experience and the second of the **用刀 白生** 国民民 AND STREET OF STREET OF STREET , who is a second of the second

TO HOS

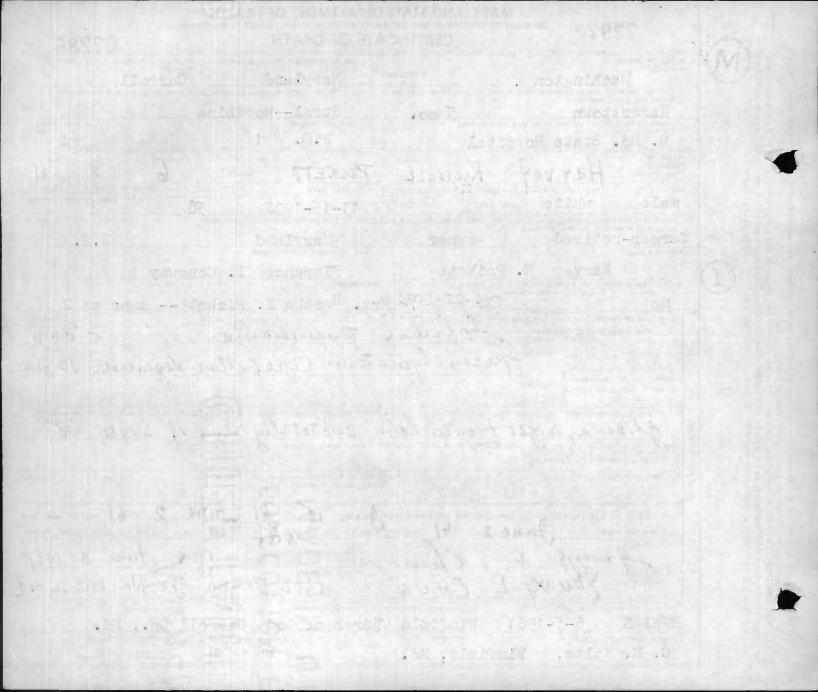
VR A15 (4) 1SM 9/59

7297

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6	1	prog	0	0	0
6.1	L	1	-)	2	6
1	L	0	8.		1)

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where		on: Residence before admission)
Washington	MARYLAND	Maryland	b. COUNTY	roll
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auts	ide carparate limits, write R	URAL and give nearest town)
Hagerstown	5 mo	RuralWo	oodbine	
d. NAME OF HOSPITAL (If nat in haspital, give street OR_INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
W. Md. State Hospit	al	R.D. #	1 0	YES NO
3. NAME OF First	Middle	Last 4	. DATE Man	ith Day Year
(Type or print) Harvey	Kussell	PICKETT	OF DEATH	2 196
6. COLOR OR RACE 7. MARI	RIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
male white widow	ED DIVORCED	11-15-1902	58 yrs.	Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY
farmer-retired	owner	Maryland	1	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
Harvey E. Po	ikett	Florence	I. Conawa	v
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 18	FORMANT	Addi	
no (if yes, give wor or dates or service)	16-22-7596 MT	s. Bertha K.	Pickett	same as 2
18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	tobular	Ducuma	mia.	ONSET AND DEATH
DUE TO	2			3
Da Pa	ron Chuma	Tous Coro.	bellar des	an and 10 year
Canditians, if any, which gave rise to immediate (b)	1	COLE	venac ou	can exercin 10 year
cause (a), stating the under-			V	
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	PERFORMED?
glioma, right t	you Tal Robe	Sub-Totalli	removed	1950 YES NO □
□ OR CONTRIBUTING □ CALISE OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	I ar Part II of item 18.)	*
		ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State
Haur a.m. While at war	INUI WINIE	ctary, street, affice bldg., etc.)	- 77 V. F. S. J.	
		10 106	1 to June 2	10// that (1) () I
21. I certify that (I) (this hospital) attend				, 19, that (I) (we) las
saw the deceased alive an TUNE	219_6 , and that'd	eath occurred at	, from the causes an	d an the date stated above
Harring &	Ph	M.D. ATTENDING MED.	CTOR STAFF PHYS.	June 3 1816NET
22c. PHYSICIAN'S	Out of	22d. ADDRESS	A .	11
NAME (Type) YOUNG E	CHUN	1500 1	enna. Ave	. Hagerstown, M.
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23	3d. LOCATION (City, town,	or county) (State)
BURTAL 6-5-1961	Winfield Cr	tirch of God	Carroll C	o., Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
C. M. Waltz, Winf	ield, Md.	DATE JU	N 6 '61 C	Wilher & Kraus



FOR STATE HEALTH DERT.

TO DESTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medith, or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

ion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 7293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARXIAND

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)
a. COUNTY	a. STATE b. COUNTY	sidence before edmission)
Washington MARYLAND		nington
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
write RURAL end give neerest town)	X	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Hancock	
d. NAME OF HOSPITAL OK INSTITUTION (IF NOT IN HOSPITE), give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington County Hospital	1 2 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	YES NO NO
3. NAME OF First Middle	Pennsylvania Ave. Month	Dey Yeer
(Type or print) Harry Lowe	Powers, Sr. DEATH June 3	
		1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y last birthday) Months Delta Del	
Male White WIDOWED DIVORCED	Feb. 21, 1872 89 yrs. Months De	eys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		EN OF WHAT COUNTRY?
done during most of working life, even if retired)		LITO WINT COOKING
Penna Sand & Glass Corp.	Wash. Co., Maryland Ur	nited States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0.1.1 0.	C1. 1 11 C 1	
John L. Powers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
Yes, no, or unkown) (Ifyesgivewerordetesofservice)	l'ennsulvania.	Ave.
No None	Ida Hull Powers Hancock, Mary	land
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	July Turk, Mary	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fat embolism		ONSET AND DEATH
IMMEDIATE CAUSE (6) FAL CIRCUITS IN		6 hours
70 5.0 DUE TO		
Conditions, if eny, which \ (b) Fracture of r	ight hip	6 days
geve rise to immediate cause		
(e), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUT	to his see	YES NO TO
Patient has been confused due 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pert I or Pert II of item 18.)	110 110 110
PRIMARY OF CONTRIBUTING	smot noise of many in control to the long	
Fatlent len un	porch at his home	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (Stele)
Hour and May 28 1961 While Not While at work A	tory, street, office bldg., etc.) Home Hancock Wash	Md.
7		r. Mar.
21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection [1], Inquiry,	and in my opinion
death resulted from: A Natural causes , Accident V, Suice	ide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Sell A SE		1
SIGNATURE // NetCo	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	5//1
NAME (Type)	Address (Street, city, town, or county)	101
220. BURIAL, CREMATION, 220. DATE THEREOF 22. NAME OF CEMETERY O		(Stete)
REMOVAL (Specify)		(5.3.0)
Burial 6/6/61 St. Pauls Co	metery Washington Co.	Manuland
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
11- 0 4 11 11	One DATELIN 9 '61 Call 9 to	
Howard of Africe Hanson	One DATEUN 9 '61 Cultur & to	saut
/		

The way were the me. THE CHARLES THE PARTY OF count Some & Jones Cong. John L. Torrasa Lizabeth ooke Pennsylvania - Ive. do l'one Som Hall Joness Homenes, New Marie Bucket = 6 (6/6) 2 St. Pauls (anglesy - askington de place on

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

729	99		CERTIFI	CAT	E OF DEA	HTA			0'	728	88
PLACE OF DEATH o. COUNTY Washing	ton		MARYL	AND	2. USUAL RESIDEN	,	leceased live	b. COUNTY,	n: Residence bef		ission)
	f outside corporate limit	s, write c.	LENGTH OF STAY IN	N 1b	c. CITY OF TOW	VN (If outside	1000	imits, write RU	JRAL and give ne	earest ta	wn)
OR INSTITUTION	AL (If not in hospital, gi	,,			d. STREET ADDR	RESS		7		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ton County Firs James	Hospi	Middle Walter	,	Last Reed		DATE OF DEATH	Mant 6		Day	Yeor 1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B 🔲 8	8/22/189	79	9. Al 61		IF UNDER 1 YEA Manths Days	_	DER 24 HR
during most of ward	DN (Give kind of work d king life, even if retired)	W. Ma	1 00	RINDUS		,	reign country	<i>'</i>)	12. CITIZEN C	A.	TCOUNTRY
13. FATHER'S NAME Jeremiah	Reed				14. MOTHER'S MA	Bloue					
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FORG	CES? 16. SOC	CIAL SECURITY NO.	17. INI	laie Mau	Reed	//	Addre	ess / 1	42	
Canditions, if a gove rise to i cause (o), stoting lying couse lost. PART II. OTH	mmediate (NOT RELATED TO TH			NDITION GIVI	EN IN PART 1(a)	19. WA	S AUTOPS'
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OC	CURRED	. (Enter nature of in	jury in Port	or Port II of	f item 18.)		YES	NO [
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	20d. INJUE While of work	Not while	20e. PLA fact	CE OF INJURY (Homory, street, affice blo	ne, farm, 21 dg., etc.)	Of. (City or to	own)	(County	()	(Stot
21. I certify the	nt (I) (this hospital sed alive an J e	attended			eath accurred a	19 60 at 41. M,	ram the	ne 2,	, 19 .6.1 , t d an the dat	hat (1) e state	(a) las
22a. SIGNATURE	Am a.	mo	van	N		MED. DIRECT	OR ST	AFF HYS.		,,	22b.DATE SIGNE
22c. PHYSICIANS NAME (Type)	JOHN A.	. Mo	RAN.		22d. ADDRESS 2/5/	W. Wa		YG TO		- H,	AGER Ton
23a. BURIAL, CREMATIC REMOVAL (Specify)	6/5/61	F 23	Orchard.	Ridge	e Church		Wash	(City, town, o	Mary	Lan	tote)
24. FUNERAL DIRECTOR	S SIGNATURE	0.0	ADDRESS	00		ATE	REGISTRAR 61	-	TRAR'S SIGNATI		

A14.81			
not niness			matrixism)
	Packarville		Page Assigner
	Peclanyille	Manathat	earling for Count
		rothe x	NO THE RESERVE
	6/22/16/9 01		
	investment.		/ xaekma
	Low Moyer		Jeveniah Feel
man of South or and	Lair Nay Frend Ha	705-11-17939	in one
	marie Lander		

TO HOS

VR A15 (4) 1SM 9/S9

7300

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Them 8 Files (2009 6/20/61) in the

1	1. PLACE OF DEATH a. COUNTY			2. USUAL RESI	DENCE (Whe	ere deceased lived		: Residence be	efare admission)	
(Washingt	on	MARYLAND	7.6	arvla	_	b. COUNTY	Washi	noton	
	b. CITY OR TOWN (If autside carpore RURAL and give nearest town)	ate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If au	itside corporate li	mits, write RU	RAL and give	nearest tawn)	Г
	(Rural) Mablevi	lle	6 month	(Rura	1) Ma	plevil	le	X		
,	d. NAME OF HOSPITAL (If not in has OR INSTITUTION	pital, give street	Oddress)	d. STREET A				1	e. IS RESIDENCE ON A FARM?	
	Boonsboro Md. H	RFD 2		Boons	boro	Md. RFI	#2		YES NO	
	3. NAME OF DECEASED	First	Middle	Las	it	4. DATE OF	Manth		Day Year	
	(Type or print) Any		Vass	Renner		DEATH	June	18	1961	
	5. SEX 6. COLOR OR	RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT	н 18	82 9. AG	1 1 1 1		AR IF UNDER 24 HR	_
	Female White	. WIDOW	ED DIVORCED	March	3 188	B/ 7	9 yrs.	Months 12	Haurs Min.	
	10a. USUAL OCCUPATION (Give kind af during mast af warking life, even if	wark dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (State o	or fareign cauntry)			OF WHAT COUNTRY	Y7
	Housewife		Home	Will	iamsp	ort Md.			J.S.A	
Н	13. FATHER'S NAME			14. MOTHER'S						P
	Alex Mc H	Selvey		Ma	ry S	inger				
	1S. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown) (If yes, give war or o	D FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		· M	aplev.	ille E	Boonsbor	C
	No		None F	Raymond	R. Re	enner Ma	a. RFI	D #2		
	18. CAUSE OF DEATH [Enter anly	ane cause per lj	ne far (a), (b), and (c).]				17	11	NTERVAL BETWEEN	
d	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	goulousi	ef ca	ulin	trase	celer		NOCI AND DEATH	
	////		111 +							
d	Canditians, if any, which	(6)	part all	ange					342	
		,								
	lying cause last.	(c)		be Levislow						
	PART II. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART 1(a	19. WAS AUTOPSY PERFORMED?	Υ
	[FA]								YES NO	
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	art I ar Part II of	item 18.)			
		INER)								
ď	20c. TIME OF INJURY Month, Da	,.					~n)	(Caun	ty) (State	te)
	p. m.									
	21. I certify that (I) (this ha	spital) attend	ded the deceased fram	BAST	AL. 12	6 Dia Ar	ce 18	1961	that (I) (we) las	ıst
	saw the deceased alive an	1426 J. P.	19/s. 1 and that	death accurre	d at DI	M, from the	causes and	an the do	ate stated above	e.
	22a. SIGNATURE	1100	16	ATTENION	C 115				22b. DATE SIGNE	
	1,00	11-6	an		7.3	ECTOR PH	YS. 🗆			
		1 -1/		22d. ADDR	ESS	12-12	,		2/	
	G. WI	he Vo	14		1000	isiou		4	their.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while at wark at wark. 21. I certify that (I) (this haspital) attended the deceased fram. 21. I certify that (I) (this haspital) attended the deceased fram. ATTENDING MED. STAFF ONS ONS CAUSE OF INJURY Which at indicate the course of the course of the causes and an the date attended the deceased fram. ATTENDING MED. STAFF ONS ONS DESCRIBE HOW INJURY OCCURRED to the course of the causes and an the date attended the deceased fram. ATTENDING MED. STAFF		(State)								
	Burial J, ne	21-61	Methodist	Cemeter	У	Sharp		Md.		
	24. FUNERAL DIRECTOR'S SIGNATURE	1 719	ASO RESS	f mo	1.0			_ ,		
1	Clever of deap		Milomopor	1110	DATE JU	N 2 2 '61	Line	ihur S. Th	raile	

Litro tend of our d de la constance de la consta 7301

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

RYLAN

	PLACE OF DEATH O. COUNTY	a. STATE b. COUNTY
	Washington MARYLAND	a Franklin V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	tracustoun / y	Sural State Jine la
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS
	OR INSTITUTION Garlock Hospital	SX- YES NO IN
3	NAME OF First Middle	Last 4. DATE A Month Day Year
	DECEASED (Type or print) WALTER T	RIPPLE DEATH June 24 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	Jelly 4. 1881 Tost birthdoy) Months Days Hours Min.
100	z. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	STRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Carpelle Carpelle	(umberland Md V.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jones W Relela	Maris Ellas Noyle
		NFORMANT Address A
(Ye	13, no for unknown) If yes, give war or dates of service)	is Meunie Stiple Still the Pa
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	of Gall Bledder 1 yr
	155 DUE TO	
	Conditions, if ony, which (b)	
	gave rise to immediate couse (a), stating the under-	
Ь	lying couse last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
13		YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) None	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
AEDI	Hour o. m. None 19 While Not while at work of work	None
	F	
	21. I certify that (I) (this hospital) attended the deceased fram.	
	saw the deceased alive on	death accurred at T.PM, from the causes and an the date stated above.
	220. SIGNATURE A	ATTENDING MED STAFF
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 6-26-61
	NAME (Type) Dr. John D. Turco	302 N. Potomac Street-
	for Dr. Eldon Hoachlander	Hagerstown, Maryland
23	BURIAL CREMATION 22b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	Juna Jun 34/61 Cedar	taun has tragerous Na
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(Co / Jenney Speen cas	lle 19 DATE JUN 29'61 Civiling & Kruss
		J. Tunch

AND THE PARTY OF T And the second s the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	Mt Royal Apts Mt Royal Apts						
1. PLACE OF DEATH •. COUNTY							
737 - 2 - 1 - 1							
Hagerstown 2 Yrs	103 Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
Mt Royal Apts							
J. NAME OF hirst Middle	Last 4. DATE Month Day Yeer						
(Type or print) MTLDRED TEACHE	DEATH Tune 9 3067 10						
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
TD	- Months Days Hours						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)							
13. FATHER'S NAME							
Merrill Teague	Ada C. Hair						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.							
(Yes, no, or unkown) (Ifyes give werordetes of service)	e cheridan S Hamilton						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1407 Ook and 1 Asso II						
BART I DEATH WAS CALISED BY	forction HILL AVE Hagerstownonsinand Death						
Arteriogaleratic heart disease Indefinit							
Conditions, if any, which geve rise to immediate cause (b) Arteriosciero	tie heart disease						
(a), steting the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
F Y							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of item 18.)						
	ACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State)						
Hour a.m. While Not While fa							
21. I certify that (I) (this hospital) attended the deceased from	, 195.0, rodeath, 19, that (I) (we) last						
saw the deceased alive onJune.8,1969, and the	it death occured at						
220. SIGNATURE Paul Harrison							
H. Tylende	DIRECTOR PHYS. 6 106/						
ZZC. PHISICIAN 3	220.						
NAME (Type) Paul Harrison, M. D.	318 N. Potomac St., Hagerstown, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (Specify)	Cemetery Hagerstown Wash Co Md						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	DATE JUN 13 '61 Cirthun S. France						
Andrew K. Coffman Hagerstown Md	DATE BUTTE TO THE CONTRACT Z. TOWN						

Will Wall sentence THE PERSON NAMED IN COMPANY northway terminations than by the THE REPORT OF THE PARTY OF THE Prest Marcago LA TROZE TERMINE A SET TOO LE WOTORDE

FOR STATE of Heath TO DEFU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07292 7303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							- 4 1 10
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decaase		ion: Residenc	e before admission)
Wash	ington	MARYLAND	a. STATE Mary	land	b. COUNTY	ashin	orton
b. CITY OR TOWN (if outs	ide corporata limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, write RURA	at end give n	ieerast town)
Hagerstown		3 hrs.	X William	sport			
d. NAME OF HOSPITAL C	R INSTITUTION (if not in	hospital, giva street address)	d. STREET ADDRESS				o. IS RESIDENCE
Washington			18 Sunse				YES NO A
3. NAME OF DECEASED	First	Middla	Last	4. DATE OF	Month	Dey	Yaor
	Patricia		Shank	DEATH	June	8	19 61
	COLOR OR RACE 7. MA	RRIED NEVER MARRIED X	. DATE OF BIRTH	last	birthdey) Mont		Hours - Min.
	111111111111111111111111111111111111111	OWED DIVORCED	June 8 196		yrs.	lis Days	3" 15"
10a. USUAL OCCUPATION (dona during most of working	Giva kind of work lifa, avan if ratired)	b. KIND OF BUSINESS OR INDUSTI	Hagerst		12	U.S.	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	Henry Sha	nk		ta Monte	S		
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 17.	INFORMANT	0	Address		A
(Yas, no, or unkown) (Ifyasg			Thomas Hen	ry Shank	Willia	nset amspo	rt Md.
		per lina for (a), (b), and (7).	1 1	1		INTE	ERVAL BETWEEN
PART I. DEATH WA	DIATE CAUSE (a)_	vompleto 6	mphalo	ule		(5 hour
560.2	DUE TO						
Conditions, if any, wh	1-1						
geva rise to immadiata c	DIJE TO						
causa last.	(c)						
Z PART II. OTHER SIGH		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN	PART 1(a) 15	
E PA	- 9730K	on Nied anot	Lendlin Tel	51	s pm	Y	PERFORMED?
PART II. OTHER SIGI	WAS 20b. DI	SCRIBE HOW INJURY OCCURED.	Entar nature of injury in Par	rt I or Part II of item	18.)		
PRIMARY or CONTRI	BUTING [
20c. TIME OF INJURY Hour a.m.			ACE OF INJURY (Home, farr		wn)	(County)	(Steta)
Hour a.m.		Whila Not Whila	iory, sireer, office brog., are	""			
	took charge of the	remains described above, he	eld an Autopsy .	Inspection -	Inquiry []. and	in my opinion
	Natural causes				mined manne	r 🗆	
	1		CHIEF MEDICAL				
ACTUAL /	1 11/6	115	ACCICTANT MET	DICAL EXAMINER	1	// D	ATE SIGNED
SIGNATURE	100		M.D.	L EXAMINER 4	4	191	/
EXAMINER'S NAME (Typa)	DFIL	11/1/19		city, town, or count	/	/01	
22e. BURIAL, CREMATION.	226. DATE THEREOF	22c. NAME OF CHARTERY O		22d. LOCATION		ountry)	(Stata)
REMOVAL (Spacify)	June 9-61	Greenlawn C	emeterv	William	nsport		Md.
23. EUNERAL DIRECTOR	0 -1 1	ADDRESS	· ·	C'D BY REGISTRAR		R'S SIGNATU	
allbest	Lof Wa	illionsport,	Med DANGE	1 2 '61	circling.	S. Finns	
2 2 2 1 X 2 2 1 X 2	15	1	(
THE PARTY OF THE P	- Difference						

THE CHERRY E. AUG. THE STATE OF THE PARTY OF THE P • • AND REFORD TO THE TAKEN IN MALE

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 3 CERTIFICATE OF DEATH U 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY e. STATE b, COUNTY WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) E ** d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) 4 EARS LERSTOWN Pages led e. IS RESIDENCE ON A FARM? YES NO EET NORTH completely NAME OF 4. DATE Year DECEASED OF (Typa or print) DEATH 1961 UNE carbon withi AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) and Months Davs Hours WIDOWED USUAL OCCUPATION (Give kind of work event physician 106. KIND OF BUSINESS OR INDUSTRY гетоуе 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME WASH. CO. M.D. U.S.A please aftending 15. WAS DECEASED EVERYIN U.S. ARMED FORCES? Then 154 WEST IYORTH (Yes, no, or unkown) | (If yes giva war or dates of sarvica) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN physician. ONJET AND DEATH After this certificate has been signed by PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) the burial-transit aftending if any, which DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as PERFORMED detached for use prior 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stata) Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work p.m may be retain DIRECTOR: hespital) attended the deceased from and that death occured and Junificon the causes and on the date stated above. the deceased on. shoul DATE ATTENDING DIRECTOR PHYS. PHYS. M.D. director, page be filed with th TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) SURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) cinhung S. Krous DATE JUL 5 15M 9/60 CONSBORD

Converse Constitution of the Constitution of t Commence Occhuren ... artism felm to Hand charu 2. Star Telement free years 16

er death. Page 4

MOOF

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1_	2305 CERTIFICA	TIE OF DEATH
1	PLACE OF DEATH a. COUNTY WAShington Co MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write RURA) and give nearest town) 2 2 70 +	c. CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON TO AN I TAYLUM	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First Middle	Shriver 4. DATE Month Day Year DEATH June 16 196/
S.	SEX 6. COLOR OR RACE 7! MARRIED NEVER MARRIED	B. DATE OF BIRTH March 19, 1878 9. AGE (1/4 years IF UNDER 1 YEAR IF/UNDER 24 HRS. Manths Days Hours Min.
10	On USUAL OCCUPATION (Give kind of work dane libb. KIND OF BUSINESS OR INDU during most of working life, even if retired) House Duties Home	JSTRY 11. BIRTHPLACE (State or Foreign couplry) WAI FORCE, F. G. 12. CITIZEN OF WHAT COUNTRY? W.S.A.
13	3. FATHER'S NAME William Barnhart	Elizabeth Jordan
	Yes no os unknown) . Hit was nive was as dates of service)	nro mary Hedrick Falling Waters W. V
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), stoting the under- lying couse lost. (c)	Stive Near foulure ONSET AND DEATH Dens Dens
CEPTISICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DELL'AND NO D
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a. m. While of work at wark p. m. 19	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State actory, Wreet, office bldg., etc.)
	21. I certify that (1) this haspital) attended the deceased fram. saw the deceased alive an 6-16-1961, and that	death accurred at 3 M, fram the causes and an the date stated abave.
	22c, PHYSICIAN'S NAME (Type) M. F. J. J. K. J.	M.D. ATTENDING MED. STAFF PHYS. 6-16-68 PHYS. 22d. ADDRESS 22d. ADDRESS 4 M.A. 4 M.
L	30. BURIAL, CREMATION, 23b. DATE THEREOF Burial 6-1901961 Providence	Cemetery Hedgesville, Rt. # 2, W.V
2.	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWArd K Brown Martinsburg. W	

. 75 • T • 00 co. 10 Touch Luckey Reifer 6-1941961 Carayland Carayary Carayla Talus Aprend & There is a market to the state of t

		1
24: hours after	in by the funeral	ter death.
hiin	iy miled s. Pages	nours af
TO HOW OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut hin 24 hours after	For the first of t	mation, or removal, and in any event, within 72
V: The	has beria	urial, cr
TENDING PHYSICIAN	OR: After this certificate of detached for use as the	ept. of Health prior to b
OR ATT	IRECT should b	State D
TO HOP	TO FUNERAL D	be filed with the
1:	R A15	(4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ATTOK

		UILIJU
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institutions	Rasidance bafore edmission)
washington Maryland	a STATE b. COUNTY	
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 18		d aire annual tarral
write RURAL and give neerast town		d giva naerest town)
Hagerstown R. F. D 5 Wks	03 Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Avalon Manor	209 West Irvin Ave	ON A FARM? YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED	OF T	
	LAGEN DEATH June 21	1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months	
Male White WIDOWEKK DIVORCED	Feby 25 1870 91 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUS		IZEN OF WHAT COUNTRY
dona during most of working life, even if retired)		USA
College Professor Retired	New Windsor Carroll Co	ODA
13. FAIREK S NAME	14. MOTHER'S MAIDEN NAME	
Albert Slagen	Anna Bange	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.		
(Yes, no, or unkown) (If yes give war or detes of service) None Mr	s Mabel Kaylor 209 W. Irvin	Ave
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	Hagerstown Md.	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) 15 70 7 Ch 12	Macmoniz	74227
15318 DUE TO	1 4 2	2 mo.
Conditions, if any, which \ (b) In 2n17	10 K	2 1710
gave rise to Immediata cause (e), stating the underlying DUE TO		+
cause last.	me of colon	4 mb -
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH OF CIFTER NOTIFY MEDICAL EXAMINER)		PERFORMED?
S ACCIDENT WAS INDESTRUCTED TO DESCRIPT HOW INHIBY OCCUP	APD (February 1971)	YES NO X
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Entar natura of injury in Part I or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (Coulactory, streat, office bldg., atc.)	inty) (State)
20c. Time OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. P. Hour e.m. Whila Not Whila p.m. 19 at work et work	actory, streat, office bidg., atc.,	
	n , 19 8, 10 June 21 , 10	e / that (1) (and) las
21. I certify that (I) (this hospital) attended the deceased from	150	
saw the deceased alive on 1 19.1., and the	at death occured at ICOM, from the causes and on	
22e. SYGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
Hord a. Hollman	M.D. PHYS. DIRECTOR PHYS.	6/23/61
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 2/4 H. Potome	c 18+ :
Lloyd A Hottman	- Hespretonn.	77 6
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, town or count	y) (Stata)
REMOVAL (Spacify)	emetery Littlestown Adams Co	D-
	emetery Littlestown Adams Co	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		. 11
Andrew K. Coffman Hagerstown I	DATE JUN 2 6 '61 Circling &	

Her Total Bear Disay Con the Control of the Control AND THE RESERVE STREET THE PARTY OF THE PART LEWIN SINGE TO SEATING STORY I THOUSE IN Second of Isulanasis MOUTINGAT Cercino 110 + 0 5 11 0 11 79 9 - I would be - will to the 17/50/2 -- 3402- HAIT Lloyd A ///o FF more · クロニスをいるナンフスを対 E/E/OLIVE A CHEMINA DESIGNATION DE STATEMENTO LA TENTRE CALTENTA Assert Land of the state of the andrea I. dorress Hager storn Ma.

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the stilled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 07296

1. PLACE OF DEA	TH		2. USUAL RESIDEN	CE (Whare dece	esed livad, If ins		a before edmissio	on)
	shington	MARYLAND	e. STATE Mary	land	B. COUNTY	Washin	oton	
b. CITY OR TOWN	N (if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (nte limits, write R			
Sharpsb		55 yrs.	X Shar	psburg				
d. NAME OF HOS	PITAL OR INSTITUTION (if not in		d. STREET ADDRESS				. IS RESIDENCE	
	Main Street		200 E.	Main S	treet		YES NO	-
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yeer	
(Type or print)	Aimee	Wilson	Smith	DEATH	June	16	19 61	
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	. DATE OF BIRTH	9.			IF UNDER 24 HR	_
Female	White wipo	WED DIVORCED	June 23 19	105	55 yrs. "	Conths 2 Days	Hours Min.	•
	ATION (Give kind of work working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or fo	reign country)	12. CITIZEN OF	WHAT COUNT	RY?
Housew		Home	Sharpsbu	ro Md.		U.S.A		
13. FATHER'S NAME			14. MOTHER'S MAIDEN			,		- I
Vic	tor Smith		Sara	ah Wils	on			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address 200	777 31.7	<i>a</i> .	_
(Yas, no, or unkown)	(If yes give wer or dates of service)	None M	r. Grafton	V. Smi	th 200	E. Mai	n St	
	DEATH [Enter only one cause)		aD	1 .	SUS	rpspyr	EVAL BETWEEN	
PART I. DE.	ATH WAS CAUSED BY:	ronam;	Mon	Mare	7	95	SEI AND DEATH	1
420		111	10	1	. 1	1-		1
720	DUE TO	5 TOB Andile	role (R	rates 1	/a spent	a family	3 100	
Conditions, if e	ediete cause	0000	volve (a	00-0 2.	DO ACOU	-arsus	- syl	2
(e), stating the							1	
couse lest.) (c)	CONTRIBUTION TO SEATILISH THE		NIAL DISCLOS	ALIDITION OUTS	1 101 0 4 0 7 4 / 1 4 6	9. WAS AUTOPS	CV
PART II. OTI	HER SIGNIFICANT CONDITIONS	ONIKIBUTING TO DEATH BUT NO	DI RELATED TO THE TERMI	NAL DISEASE CO	DUDITION GIVEN		PERFORMED?	?
2					40.1	Y	ES NO	<u>.</u>
OR CONTRIBUTION	WAS UNDERLYING [] 2Db. [IG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED). (Entar nature of injury in	Part I or Part II o	f item 18.)			
ZOc. TIME OF IN			CE OF INJURY (Homa, fare		or town)	(County)	(Steta)	
20c. TIME OF IN	at a	hile Not While fac	tory, street, office bldg., etc					
	17	<u> </u>	Jan	19.5.7 to	6/11	106/ 11	hat (1) (ma) 1	lact
	that (I) (this hospital) att		death occured at		the course		hat (I) (we) I	
	pased alive on0	2 Jy, and Jyai	death occured at/	AZ., IVI, Trom	ine kanses at	id on the da	22b. DAT	
22a. SIGNATUR	t. X.	, Ilm		MED.	STAFF PHYS.	/	-18 HGN	NED
22c. PHYSICIAN	15 11/21 1 2	TOH	22d ADDRESS	9	1)	709	100	1-4
NAME (Ty	po) NALTEY	H. JHRYALV	Sub	rjas	rug	111	4	
23a. BURIAL, CREMA	ATION, 236. DATE THEREOF	23c. NAME ON CEMPTERY	OR CREMATORY	234. LOCAT	TON (City, town	or county)	(State)	
REMOVAL (Speci	J.ne 19-61	Mt. View Ce	emeterv	Sharp	sburg	Md.		
24 FUNERAL, DIRECT		ADDRESS A		C'D BY REGISTR	AR 256. REGIS	TRAR'S SIGNAT	URE	
(West	Treat Will	amsport of Me	oryland DATE!!	N 2 0 '61	Catt	un & Krau	A	
- Cara		1 /	TONIGO		1 0000	20, 70000		

THE RESIDENCE OF THE PROPERTY restricted the site of the state of the state of Jeogga Girm . Emiles SERVICE LAND CO. OCCU . B. P. T. T. I. on y entarying The same of the sa

7308

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07297

		GERTHIOA	IL OI DEA.		0 0	NU		
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE o. STATE	(Where deceased lived. If inst		perfore admission)		
L	Washington	MARYLAND	Ma	ruland	Wa	Shington		
	b. CITY OR TOWN (If autside carporate finits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If oftside carporate limits, wri	te RURAL and give	nearest (g/n)		
-	Hagerstown	15yr5	100 MG	igerstown		1		
	d. NAME OF HOSPITAL II nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	Virginia Am	e.	e. IS RESIDENCE ON A FARM? YES NO X		
3	NAME OF First	Middle	last		Manth			
"	(Type or print)	W.	Shuden	OF DEATH JU	the 1	Day Yeor 196/		
S.	SEX 6. COLOR OR RACE MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye lost birthdo		EAR IF UNDER 24 HRS.		
	Male White WIDOW	ED DIVORCED	January &		yrs. Manths Da	ays Haurs Min.		
10	 USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired) 	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHE ACE (S	rate ar fareign country)	12. CITIZEN	N OF WHAT COUNTRY?		
120	Father	rathing	wash	chaton is. Me	1.	12.14		
13	FATHER'S NAME	10	14. MOTHER'S MAIDE	E//a	11.			
10	John W. Sh	yder	Darba	the Ellen A	enthy	1		
(Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no, or unknown) (If yes, give year or dates of service)	None M	rs Lelli h	Selecte	Address	tour les		
F	18. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), and (c).]		1		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) COX	conary occlus	sion			l hr.		
	420.1 DUE TO							
	(D)	conary artery	r disease			Indefinit		
	gave rise to immediate cause (a), stating the under-							
	lying cause last. (c) Ger		osclerosis			Indefinit		
0 N	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETE	ERMINAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?		
2	Prostatic hypertroph			HISTORY DE		YES NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury	in Part I ar Port II af item 18.)			
SAL CAL	20c. TIME OF INJURY Month, Doy, Year 20d. I		ACE OF INJURY (Home,		(Cau	inty) (Stote)		
MEDICAL	Hour a. m. While at war	Nat while	ctary, street, affice bldg.,	etc.)				
-	21. I certify that (I) (this haspital) attend		- 1	10 55 to June	16 19 6	that (I) (we) last		
	saw the deceased alive an May	19 61, and that d		M, from the causes				
	22a. SIGNATURE	- Transfer of the transfer of	leant assessed arg.		and an me a	22b.DATE		
	18 Munic	2	M.D. ATTENDING PHYS.	MED. STAFF PHYS.		6/17/ 51 ED		
	22c. PHYSICIAN'S NAME (Type) B.B. Kneisl	Ley, M.D.	22d. ADDRESS	148 West Wa Hagerstown	ashingto Maryla	on Street		
23	lo. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	R CREMATORY	23d. LOCATION (City, tax	wn, ar caunty)	(State)		
	Buria 6-19-1961	Mose H.	Il Cemeter	y Hageistown	WashingT			
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 10 2500		REGISTRAR'S SIGN	ATURE		
15	Harries M. Hameman	Melmesse	DATE DATE	JUN 2 D '61	0 11 0	2		

VR A1S (4) 1SM 9/S9

THE SER SHILL DESCRIPTION OF THE PARTY OF TH Lake to the Later ALL HOUSE ALL SHIP HER MARKET THE RESERVE THE PARTY OF TH THE PARTY OF THE P Will the party when the control with any or the terms of the

H

TO H

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly thin 24 hours after a death.

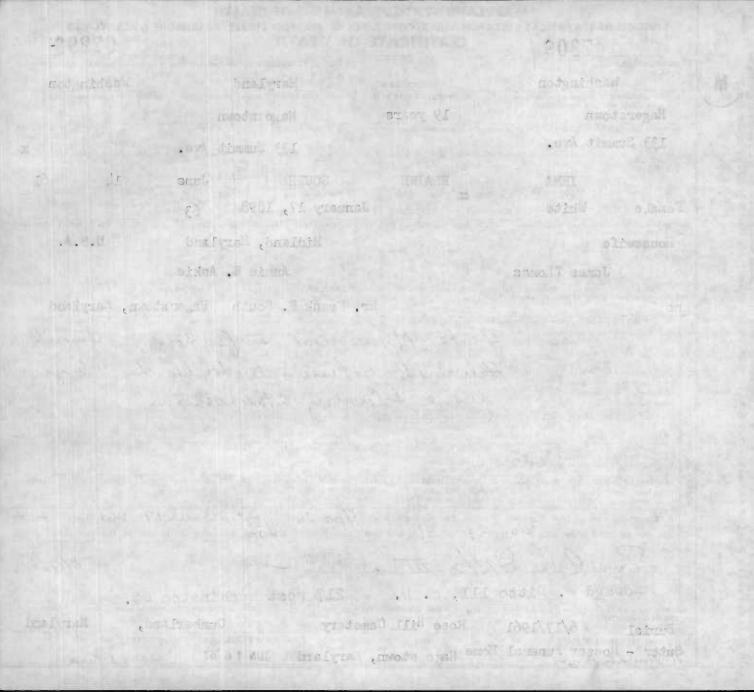
J death, A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7309 CERTIFICATE OF DEATH 07298

	6 6 00								- 100	
1. PLACE OF DEAT	Н			2. USUAL	RESIDEN	CE (Where d	ecaasad livad, If i		dance bafore a	dmission)
W.	ashington		MARYLANI		Mary	rland	b. coort	Wash	nington	
b. CITY OR TOWN	(if outsida corporata limi	ts,	c. LENGTH OF STAY IN 1	b c. CITY O	RTOWN	(If outside corp	porata limits, writa	RURAL and gi	va naarast tow	n)
Hagerst			19 years		Hage	rstown		9=		
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in hosp	pital, give street address)	d. STREET	ADDRESS					SIDENCE A FARM?
133 Sum	mit Ave.				133	Summit	Ave.		YES	
3. NAME OF DECEASED	First		Middla	Last		4. DATE	Month	C	Day Yaar	
(Typa or print)	IRMA		ELAINE	SOU		DEATH	OUL	14	19	
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRT			AGE (In years last birthday)	Months Day		24 HRS.
Female .	White	WIDOWE	D DIVORCED	January	17, 1	1898	63 yrs.	Months Day	ys nours	Min.
10a. USUAL OCCUPA	TION (Giva kind of work orking life, evan if ratira	10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Cour	nty & State, or	foreign country)	12. CITIZEI	N OF WHAT C	OUNTRY?
Housewif		(1)				d, Mary	land	1	U.S.A.	
13. FATHER'S NAME				14. MOTHER			4.1.4			
	James Thoma					nie E.				
	VER IN U.S. ARMED FOR (Ifyasgivawarordatasofs			. INFORMANT			Address	2.6		
no				Mr. Frank	c P. S	South	Hager st	own, Ma	aryland	
18. CAUSE OF	DEATH Enter only one	cause par li	ina for (e), (b), and (c).]						INTERVAL BET	
PART I. DEA	TH WAS CAUSED BY:	12,	nito My	1150-1010	0.	Tul	1 1 de 100 15		Lund	0
11120	IMMEDIATE CAUSE (a)	17	uit ity	veascle	4	4	ACT LOOK			
7201	O DUE TO	17	0	n d	c	2 /	11-	1	,	
Conditions, if an		Ho	Wancel	arten	asc	lus x	ec whas	7-	10 m	u_
(a), stating tha	> DUE TO	0		0	- 1	10	0	^	0	
causa last.	(c)	ol	issure + (doman	ap	Tallo.	clines	-		7
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(UTOPSY RMED?
Ĭ Į										NO T
20a. ACCIDENT V	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter natura o	of injury in	Part I or Part	Il of item 18.)		hard	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)									
3 20c. TIME OF INJ	URY Month, Day, Ye	ar 2Dd. i	NJURY OCCURRED 20a.	PLACE OF INJURY	(Homa, fari	m, 20f. (Ci	ly or town)	(County	')	(Stata)
20c. TIME OF INJ		While	Not While	factory, straet, offic	e blag., ard	c.)				
P-1111				771.	2.0	10 424	T	ch 100) .1 . (1) (- > 1
21. I certify	that (I) (this hospi	tal) attend	ded the deceased fro	m		, SE 10	. D. Solole Ville San L.	.7, 1960	L, mar (I) () las
		ay s	4 1961 and the	hat death occu	red at \$4	AN, troi	n the causes	and on the		
22a. SIGNATURE	1.	0.	V/	ATTENDI		MED.	STAFF		226	. DATE SIGNED
1 de	aul W.	WHI	40-111	M.D. PHYS.	- Marie	DIRECTOR [PHYS.		6/14	161
22c. PHYSICIAN'	-1			22d. AD	DRESS					
NAME	ard W. Dit	to 1	11, M. D.	217	West	Wash	ington	St		
	TION, 236. DATE THE		23c. NAME OF CEMETE				ATION (City, toy	vn or county)	(51	tata)
REMOVAL (Specif	6/77/70	67	Rose Hill C	emeterv		(umberlar	nd.	Maryl	and
24 FUNERAL DIRECTO	DR'S SIGNATURE	01	ADDRESS		2Sa. RE	C'D BY REGIS	1	GISTRAR'S SIG		
Suter - R	ouzer Funer	al Hor	ne Hage stown	Marrela				Lilling 8.		
Frankl	in Paryen		TISE C. D. COMIT	, mary Lai	TADAIL	DOIT I O		ANNAUN S.	Malla	



MARYLAND STATE DEPARTMENT OF HEALT

MA	KILAND STATE DEPARTMENT OF DEALIT	
DIVISION OF STATISTICAL RES	SEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
7310	CERTIFICATE OF DEATH	07293

1	e. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before edmission)
T	Washington MARYLAN	Maryland Washington
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	tb c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
	Hagerstown R # 3 38 Yrs	Hagerstown R # 3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Funkstown	Funkstown YES NO X
1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
I	(Type or print) Rev. SYRON FREDERICK	SPITZER DEATH June 8 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	gept 13 1877 83 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (County & State, or foreign yountry) 12. CITIZEN OF WHAT COUNTRY?
	Machinist Wood Work	Broadway Rockingham Co USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Y	Franklin P Snitzer	Lydia Holsinger
		7. INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordatasofservice)	Carroll F. Spitzer Hagerstown R # 3
	1B. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), end (c).]	1 INTERVAL BETWEEN
Т	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) Hypostates	Theme of Melenara onser and Death
	450.0 DUE TO 1	-1.10.0.0.0.10
	Conditions, if ony, which	instituto (aiotedetes 4 days
	gave risa to immadiate ceusa	
	(a), steting the underlying DUE TO Cause lest.	Gran,
	(6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY
15		PERFORMED?
1	200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCU	JRED. (Enter nature of injury in Part I or Part II of item 18.)
City Claiman		
1		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.)
1	Hour e.m. p.m. 19 While Not While at work at work	181
	21. I certify that (I) (this hospital) attended the deceased from	om. 1955, that (I) (we) last
	saw the deceased alive on	that death occured at
	22e. SIGNATURE	22b. DATE
	D.t. Imy	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 6-9-6-10-10-10-10-10-10-10-10-10-10-10-10-10-
	22c. PHYSICIAN'S	22d. ADDDESS
	NAME Dr D. J. Boyer	No Potomac st Hagerstown Md.
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	
	Burial 6/10/61 Rest Have:	n Cemetery Hagerstown Wash co Md.
1	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Andrew K. Coffman Hagerstown Id	DATE JUN 13 '61 arthur S. Hrans
-		

TO HEAD OR ATTENDING PHYSICIAN: The law requires that the death certificate be execution 24 hours after the death.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

A STANDARD TO THE STANDARD TO of ings raid each partition of The state of the second state of the second state of the second s CHECKLE F. THE STREET STREET A SECRETARY OF THE PARTY OF THE The state of the s The sales of the s

TO HO LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executive thin 24 hours after the death that may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7311

CERTIFICATE OF DEATH

07300

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a COUNTY We ah in orton	e. STATE b. COUNTY
Washington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Washington
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown)
Hagerstown 30 Yrs	Hagerstown 03
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
173 Sunmit Ave	173 Summit Ave
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
(Type or print) ELSIE MAY STARL	IPER DEATH June 30 1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	March 15 1886 75 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housework Own Home	Little Cove Penna USA
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TO TATILE O TOTAL	
William Starliper	Malinda Cousins
	NFORMANT Address
(Yes, no, or unkown) (Ifyes give werordetes of service) None Fr.	ank Carty Hagerstown Md. R # 3
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	StyJames Village # INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Heart when with onserand death
IMMEDIATE CAUSE (a) CONTOCO SCUTE LIA	Many Mandal Adams
420.0 DUE TO M 11 L	
Conditions, if any, which (b)	CHIM
geve rise to immediata ceusa	
(a), stating the underlying	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20 20 20 20 20 20 20 20 20 20 20 20 20	. (Enter nature of injury in Pert I or Pert II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata)
Li flour e.m.	ory, street, office bldg., etc.)
p.m. 19 al work at work	
	4. 9 (12.2.2.1)
21. I certify that (I) (Aris happing) attended the deceased from	1956, to June 30 , 196, that (1) (wa) last
	death occured a from the causes and on the date stated above.
saw the deceased alive on 19.4.1. 2.9. 19.4.1., and that	170 p., 10, 17, 17, 11di (1) (100)
saw the deceased alive on 19.4	death occured a SUM from the causes and on the date stated above. ATTENDING MED. STAFF SIGNED
saw the deceased alive on July 2.9 19.4 , and that 22a. SIGNATURE FLUS by	death occured as Different the causes and on the date stated above. D. ATTENDING MED. STAFF PHYS. 30 Su 6 SIGNED
saw the deceased alive on. 14414. 2	death occured as DOM from the causes and on the date stated above. ATTENDING MED. DIRECTOR PHYS. 30 St. 6 SIGNED PHYS. 22d. ADDRESS PARMENT
saw the deceased alive on. July 2	death occured as Don't from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. 30 September 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 30 September 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. LOCATION (City, town or county) (Stete)
saw the deceased alive on 19.4. 19.4., and that 22a. SIGNATURE FLUS by 22c. PHYSICIAN'S NAME (Type) FLUS by 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 7/2/61 Rest Haven	death occured as Different the causes and on the date stated above. Different in the causes and on the date stated above. ATTENDING MED. PHYS. DIRECTOR PHYS. 30 S. G. SIGNED 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) Cemetery Hagerstown Wash Co Md.
saw the deceased alive on. July 2	death occured as Different the causes and on the date stated above. D. ATTENDING MED. STAFF PHYS. BIGNED 22b. DATE SIGNED 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town or county) OR CREMATORY 23d. LOCATION (City, town or county) Cemetery Hagerstown Wash Co Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A WEST OF THE PERSON WILLIAM When the factory TASAS VICTORE UNIVERSE PROTECT BALLY Andrew N. Officen Regargoon 2.0

VR A15 (4)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07301

	PLACE OF DEATH . COUNTY Washington	MARYLAND	a. STATE	CE (Where daceased lived, If in b. COUNT	nstitution: Residence bafore edmission) Y Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corporata limits, write	
_	Hagerstown	30 years		erstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit Washington County Hospital		d. STREET ADDRESS 235 N.	Cleverland Av	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
	(Typa or print) CESARIO		IVALETTI	DEATH June	7 19 61
5.	Male White WIDOWED	NEVER MARRIED TO DIVORCED	April 4, 1896	9. AGE (In years last birthday) 65 yrs.	Months Days Hours Min.
do	ne during most of working life, even if retired)	o of Business or Industri ent Company	Vasto, Ital	ty & Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
- 4.0	Jeseph Stivaletti			Chiciquina	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.		Addrass	
		3-10-6869 Mr	s. Albert J.	DeBiase Hager	stown, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Covono	my occ	lusion	glir
	Conditions, if any, which	2000	anten	500000	^
	gave rise to immediate cause (a), steting the underlying couse last. (c)	(7		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURED). (Entar nature of injury in t	Part I or Part II of itam 18.)	100000
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Hour e.m. Whila	URY OCCURRED 20a. PL/	ACE OF INJURY (Home, farm tory, streat, offica bldg., etc.	20f. (City or town)	(County) (State)
~	pette 17		10/7	1961 to 6/	7 106/ 16-4 (1) (110) lost
	21. I certify that (I) (this hospital) attende saw the deceased alive on			A 4.46	, 19.01, that (I) (we) last and on the date stated above
	220. SIGNATURE Clert Uh Can	up bell	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	6/9/6/ 6/9/6/
	22c. PHYSICIAN'S NAME (Type) Robert V.L.	Campbell	H2G6	ErsTown	mel
23	REMOVAL (Specify) Burial 6/ 10,1961	Rose Hill c		23d. LOCATION (City, tow	n or county) (State) Maryland
24	FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Funeral Home	ADDRESS	25a. REC	D'D BY REGISTRAR 256. REG	
-	R. Franklin Persyen		- 50		

medantifical miotes et al. alegar of the movement . out Configuration . Il SES - To making ton vourity copies. TTLASTT OFFICE The season of th and estimate of A M.C.D warry barrier Common Jonatto Teather Design and one of the 213-10-6869 Term, ethert J. Baldage Abrestines, Marstin 13 1/3 MAZ 4/2 12 1/2 ARM DESCRIPTION OF THE STREET Robert Meldinobyl Higgies Stelling beright to receipt western fitting the land of the land Sager - Money Language Long Nagoratown, 143, Sagera to a chief from

death 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ithin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

17302 07302

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacaasad livad, If institution: Rasidenca before admission)
21	a. COUNTY	a. STATE b. COUNTY
-	WASHINGTOW MARYLAND	MARYLAND MASHINGTON
100	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	write RURAL and give nearest town)	V 0 - 12
	HAGERSTOWN /OHOURS-	DENEVOLA KURAL
~	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
01	Mari Co Mac Dime.	ON A FARM?
-	WASH, CO. HOSPITAL	DOONS BORD MD. R. I YES NO DE
-	3. NAME OF First Middla Middla	Last 4. DATE Month Day Yaar OF
NSX I		
A.O.	LENG VEKUCEN	STOUFFER SUNE - 11- 17 01
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MAIE WIDOWED DIVORCED DI	the same of the sa
		MAY- = - 883 8 vs. 0 7
	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratirad)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	0	B-11711 11 CA
	KEAL ESTATE APPRAISER	BENEVONA WASH, CO. MUI U.S.A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T	100-11117 All STANSSIE	SARRY LAWS TARMANIT
(1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	SARAH JANE TASNACHT
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	REGISTER OF WILLS
	NO: 217:10 - 30/00 HA	77.4 1/2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	KKY NEWCOMER HACERSTOKIN MD.
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mass we here	anhage from large 6 des
	5400	and the second
	DUE TO	(ala)
	Conditions, if any, which gave rise to Immediate cause	ill _
	(a), stating the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO GENERAL AND FEW CONTRIBUTING TO DEATH BUT NO 2008. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING TO CAUSE OF DEATH OUT OF EITHER NOTIFY MEDICAL EXAMINED	On C 2 A A Se I LARGE O PERFORMED?
	3 general auterios cleron -	Bluigh prostate ly pertrainty YES 1 NO .
10.00	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED), (Entar nature of injury in Part I or Part II of itam 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-		
		ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While	tory, street, offica bldg., atc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	Hus 8 , 1955, to June 11 , 1961, that (1) (we) last
	saw the deceased alive on	death occured at , , from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	Schward Will MANTE.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. C 13/6/
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	ZZG. ADDKESS
	Edward W. Ditto 111. M. D.	217 West Washington St.
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	200. ECONITION (OILY) TOWN OF COUNTY) (State)
0		ENVETIENY INR. MAPLEVILLE WASH. CO. 1811).
aV:	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		
1200	1	
Pis	John D. Ball. BOOINSBORO 1	MD DATE JUN 1 6 '61 Circlus S. Kraca

A STATE OF STREET, WAS IN THE WORLD BY THE The second district the second - The same of the

FOR STATE

HEALTH DEPT TO DELOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are may is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phalth, or its designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death.

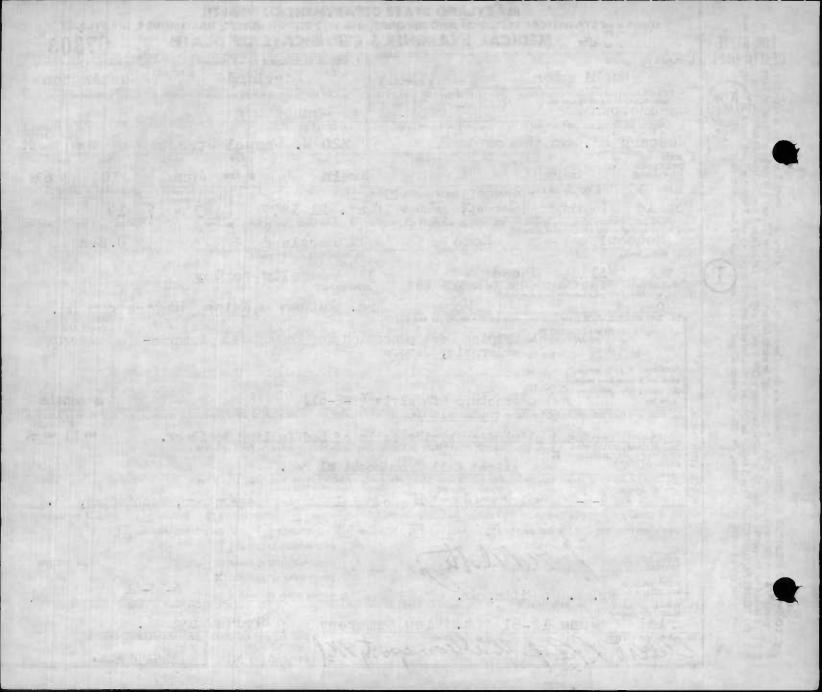
> VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07303

		0.000
•	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	Washington MARYLAND	• STATE Maryland b. COUNTY Washington
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)1	Hagerstown 3 month	Sharpsburg
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	Western Md. State Hospital	220 W. Chapel Street 1
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Year
	(Type or print) Sarah C	Swain DEATH June 10 1961
	The very little and the ve	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
4		ct. 21 1877 83 yrs. 7 19 Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Home	Maryland U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	William Showe	Amelia Mc Coy
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	NFORMANT Address
	No None Mr	s. Autumn L. Kaiss Hagerstown Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensat	ion Due To General Arterio- Recent
	902.7 DUE TO Sclerosis, Severe	
1	Conditions, if any, which (b)	
	geve rise to immediate cause	
	cause last. (c) Fracture Of Pelvis	(2-5-61) 4 months
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Patient confused climbed over side rail 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	s of bed falling to floor. PERFORMED? YES \(\sum \) NO (\overline{\sum})
	Patient confused climbed over side rail 200. EXTERNAL CAUSE WAS 2 20b. DESCRIBE HOW INJURY OCCURED. (Fr	nter neture of injury in Pert I or Pert II of item 18.)
	PRIMARY 日 or CONTRIBUTING 图 Patient fell from ho	anital had
		ry, street, office bldg., etc.)
	p.m. 2-5- 1961 of work of Hosp 21. I certify that I took charge of the remains described above, help	
	death resulted from: Natural causes X, Accident , Suicident , Suic	
	ACTUAL SELVIN	CHIEF MEDICAL EXAMINER
	SIGNATURE ALC LENG	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
5	EXAMINER'S	DEPUTY MEDICAL EXAMINER 6-10-61
-	NAME (Type) Dr. E. W. Ditto, Jr. 120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)
1	REMOVAL (Specify)	
-	Burial June 12-61 Mt. View Cem	
	23. ELMORAPOIRECTOR PO 1 717 Menses	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
L	cuell a peop as amyon	DATEJUN 13'61 Cullus & Heraus



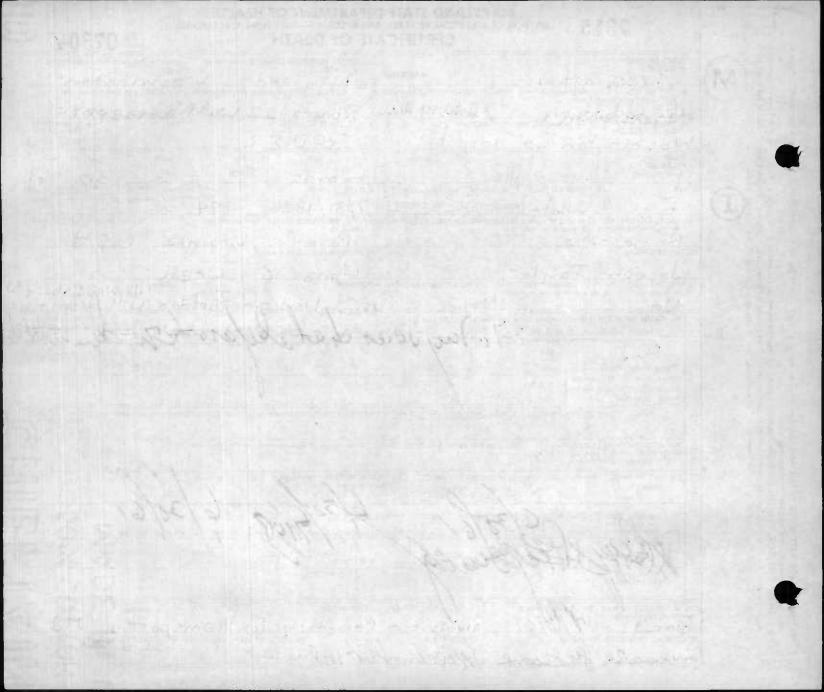
TO HOS

VR A1S (4) 1SM 9/59

7315

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. COUNTY		2. USUAL RESIDENCE (Whe		an: Residence befare admission)
1	Washington	MARYLAND	Maculan	A b. COUNTY	hington
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carporate limits, write R	
	Itagerstown	2 WKs. I Da.	VR. val	1/101 5	teressone
	d. NAME OF HOSPITAL (If not in haspital, give street a	iddress)	& STREET ADDRESS	2 00 (e. IS RESIDENCE
1	OR INSTITUTION	+-1	DOD H	2	ON A FARM? YES NO
1	udshington Co. Ita	ospilal	RYD		155 110 11
3.	NAME OF First DECEASED	Middle	Last	4. DATE Man	th Day Year
1	(Type or print) Luewille		homas	DEATH (30 1961
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	I White WIDOWE	DIVORCED [7/31/1886	last birthday) yrs.	Manths Days Haurs Min.
10	USUAL OCCUPATION (Give kind af wark dane 10b. I during mast af warking life, even if retired)	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State o	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		1200 (o.	- Virginia	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	1 T- 1		10. 7	Dan	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.5	SOCIAL SECURITY NO. 17. IN	FORMANT) IJEAN	TOUS 1 - 2 - 2 - 2 - 2
	s, no, or unknown) (If yes, give war ar dates of service)	Deine Seconii i No.		051	mills M. Salsbury
	No IN	one 17	5. Sylvester	H. Justade	william spert M
	1B. CAUSE OF DEATH [Enter anly one cause per line	e far (a), (b), and (c).]	1: 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1112.000	1 (401 1)	4. Jarato	7/1 /31. 4.00
	4201 DUE TO	, rady you	1 4 6	4	y de de la
	1-01			1	
	Canditians, if any, which agave rise to immediate (b)			A	
	cause (a), stating the under-	/		(!	
	lying cause last. (c)			<u> </u>	
O N	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	'EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
CAT					YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	art I ar Part II af item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
* ¥	20c. TIME OF INJURY Manth, Day, Year 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City ar tawn)	(State)
MEDICAL	Haur a.m. While	Nat while fac	tary, street, office bldg. etc.)		//
1	p. m. 19 at work	at work	6/2/	1/2	H,
	21. I certify that (I) (this hospital) aftender	ed he deceosed from	019011.19	A.10 Q /20	, that (1) (we) last
	sow the deceased alive on	19/ and that d	eath accurred 21/01	A fram the dauses of	d on the date stated above.
	22a. SIGNATURE	/ /	1/11/		22b. DATE
	Vall XIII	210/	A.D. PHYS. DIR	D. STAFF	SIGNED
	22c. HYSICIAN'S	The of	22d. ADDRESS	1113.	
	"NAME (Type)				
-					
23	BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, tawn,	ar caunty) (State)
1	Susial 7/3/61	KIVELVIEW	Cemetery	Williamso	oct 1 Md
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D	- 104 /1	STRAR'S SIGNATURE
1	La De de Staro	Hicolomet	et Lery DATE JU	£ 5 '61 a	ribus S. Thank
-uf		THE PERSON NAMED IN THE PE		1	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07305

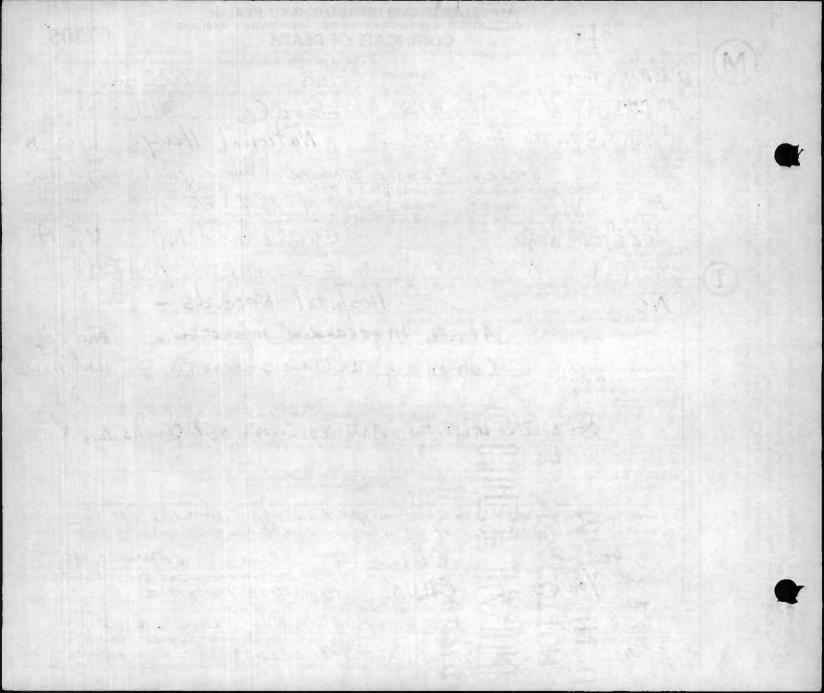
)	1. 1	PLACE OF DEATH D. COUNTY WASHINGTON M.	ARYLAND	2. USUAL RESIDENCE (Where o. STATE		If institution: Resider	ce before admission)
	ŀ	o. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	S IN 16	c. CITY OR TOWN (If outsi	ide corporate lim	nits, write RURAL and	give nearest fown)
1	(A. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION STATE HOSPITAL		d. STREET ADDRESS NA TIO	nol	Hay.	e. IS RESIDENCE ON A FARM? YES NO
	-	DECEASED	nces	Last 4.	DATE OF DEATH	Manth	Day Year 196/
	S. S		RRIED D	3. DATE OF BIRTH - 18	9/ 9. AGI last	E (in years birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if rétired) RETIRED NURSE	S OR INDU	STRY 11. BIRTHPLACE (Stote or f	foreign couptry)	M. 12. CIT	U, S, A,
1	13.	FATHER'S NAME HARRY WAGNES	?	14. MOTHER'S MAJDEN NAM	BETI	4 ALL	EN
J		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If /yes, give war or dates of service)	NO. 17. II	Hospital R	ecoro	Address	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c). My	ocardial in	faret.	ion	INTERVAL BETWEEN ONSET AND DEATH ONE LAY
		420.) DUE TO Conditions, if ony, which) (b) COTON	ary	arterio s	clero	313	untonous
		gave rise to immediate couse (a), stating the <u>under-lying</u> cause lost.	0				
	CATION	PART II. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO Wellite	DEATH BUT	not related to the terminal	L DISEASE CON	literans	PERFORMED?
2	L CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OĆCURRE	D. (Enter noture of injury in Port	t I or Part II of i	tem 18.)	J
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While at wark of wark o		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or tow	vn) (County) (State)
		21. I certify that (1) (this haspital) attended the decease saw the deceased alive an JUNE 19, 1961, a		1			
1		220. SIGNATURE & ET	oun	M.D. ATTENDING MED.	STA PHY	FF June	20, 196/ SIGNED
		22c. PHYS(CIAN'S NAME (Type) YOUNG E. CH	UN	Hagerstan			Hospital
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF C	Hill	- Cumberland 23	d. LOCATION (City, town, or county)	(Stote)
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	eslan	DATE JUN		25b. REGISTRAR'S SI	

murphy

s after death. Page 4 TO HOSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 s after death. Page 4 may be need by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detoched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the Stote Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

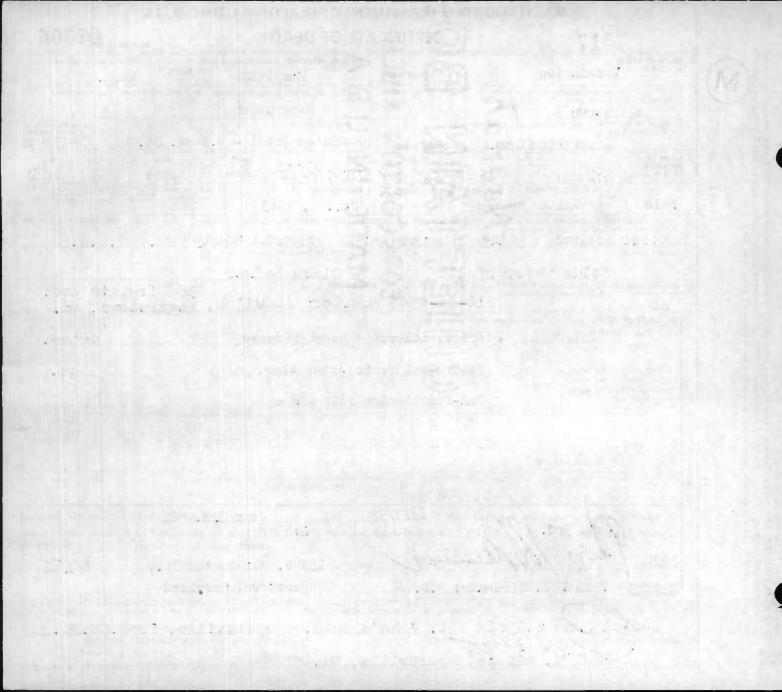


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7317

Reg. Dist. No. 7306

	COUNTY Wa	shington		MARYLANI	g. STATE	Maryla		lived. If institut b. COUNTY			dmission)
ь	CITY OR TOWN (III	f autside carporate limi	ts, write	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If out	side corpor	ate limits, write I	RURAL ond g	ive nearest	town)
	Hagers	town	175		I	lagerst	cown		T)	3	
C	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET A					e. IS	RESIDENCE
		ashington (Count	y Hospital	Hamilto	on Hote	21 - W	V. Wash.	St.		S NO 🔀
	NAME OF DECEASED Type or print)	ALbert		Vesley W	/ arrente	/7-	OF DEATH	Mo Ju		Day 3	Yeor 19 61
5. S	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9	9. AGE (In years lost birthday)			
	Male	White	WIDOWE	ED DIVORCED	Jan. 1	, 1883		78 yrs	Months	Doys H	ours Min.
L	during most of work aborer R FATHER'S NAME	cing life, even if retired etired	Da		arm) Fr	rederic	k Cou			S.A	HAT COUNTRY
15		olue Wai		SOCIAL SECURITY NO.	INFORMANT	ra Pa.	lmer	a Add	lenes		
		(If yes, give war or dates of s	ervice)	14-34-9346	Mrs.Dor	a Abdi	llah	836 °V	Trgir	nia <i>l</i>	lve.
		TH [Enter only ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).] Arteriosclero	otic Heart	Disea	ıse			ONSET .	Vrs.
3	Conditions, if an gove rise to in	mmediate () :	Nephro-sclero	osis Arte	riolar	righ	nt		1	yr.
	cause (a), stating tying cause lost.	the under-		Non-function	ing left. H	dnew				2	
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH			AL DISEASE	CONDITION GI	VEN IN PART	` P	VAS AUTOPSY ERFORMED? S NO
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Enter noture o	of injury in Po	rt I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e. Not while of work	PLACE OF INJURY (factory, street, affic	Home, form, e bldg., etc.)	20f. (City	or tawn)	(C	ounty)	(State
	ACTUAL	whe 3rd.	1/196	and that dec	M.D. 15	2:45 B AI 19 W. W	, from topress (Strashin	Brd., 1%1 the causes of eet, city or town gton St aryland	nd on the , state)	dote st	
22a.	BURIAL, CREMATIO REMOVAL (Specify) Burial	June 6)F 1961	22c. NAME OF CEMETERY St. John			2d. LOCATI	ION (City, town,	or county)	Co.	(State)
23. 1	FUNERAL DIRECTOR	S SIGNATURE	Bei	e Myersyi		24a. REC'D	BY REGISTE	RAR 24b. REG	ISTRAR'S SIG	NATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AMAAM

	910		CERTIFIC	CAIL	OF DEATH	1		Ud	300	
LACE OF DEAT			MARYLAI	11	USUAL RESIDENCE (Va. STATE	Vhere decease	d lived. If instituti	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		_
	HINGTON				MARYLAND				NCTO	
RURAL and gi	VN (If autside carporate ve nearest tawn)	limits, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	RURAL and give	e nearest taw	/n)
URAL 2		PRING	LIFE		RURAL 2.	CLEAR	R SPRING	G. MD.		
d. NAME OF HO	DENCE	al, give street	address)		d. STREET ADDRESS				ON	SIDENCE A FARM? NO
NAME OF DECEASED		First	Middle		Last	4. DATE	Mar	nth	Day	Year
(Type ar print)	BESSIE		ELIZEBETH	WE	AVER	OF DEATH	JUNE	7	7	1967
SEX	6. COLOR OR RA	ACE 7. MAR	RIED NEVER MARRIED	☐ B. D.	ATE OF BIRTH		9. AGE (In years		EAR IF UND	
TOWATE	MILTOR	WIDOW		_	IINE 20	dda	last birthday)		ays Haurs	Min.
USUAL OCCU	PATION (Give kind of w		KIND OF BUSINESS OR I		11 RIRTHPLACE (Stor	e or foreign o	-00		N OF WHAT	COLINTRY
during mast af	warking life, even if re	tired)	V	-			2.00		S.A.	COOMINA
HOUSE			HOME DUTTE		WASHING		J. Pill.	0.	D.A.	
FATHER'S NAMI				1	4. MOTHER'S MAIDEN	NAME				
BERKL	EY ROHRER				ELIZEBE	TH MAI	RTIN			147
WAS DECEASED	EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INFOR	RMANT		Add	Iress		THE .
NO	NONE	2 0. 1000,	NONE	HA	RRY C. W.	EAVER	RD.	2. CLE	CAR SI	PRINC
18. CAUSE OF	DEATH Enter only or	ne cause per li	ine far (a), (b), and (c),1	1					INTERVAL B	ETWEEN
PART I.	DEATH WAS CAUSED	BY: M	YOCARDIAL INFA	ARCTI	ON DUE TO C	ORONAR	Y ARTERY	OCCLUSI	BUSEL TON	minute
gave rise (ring the under-	(b) AR'	TERIOSCLEROTI	CHEAR	T DISEASE				unkno	own
PART II.	OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PART 1	(a) 19. WAS PERFO YES	ORMED?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DE	ATH	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury is	n Part I ar Par	t II af item 18.)			
20. THE OF I										
Haur a.		Year 20d. I While at war	Nat while		OF INJURY (Hame, fa , street, affice bldg., e		y ar tawn)	(Cau	uniy)	(State
Haur a. p. 21. I certify saw the dec	thot (I) (this hasp	19 While at war	Nat while rk at wark deceased fro	factory	, street, affice bldg., e	9 60, to_	June 7	, 19.61	, that (1)	(we) lost
Haur a. p. 21. I certify saw the de	that (1) (this hasp ceased alive on I	19 While at war	Nat while rk at wark deceased fro	factory	anuary 7 1 h occurred of 1:0 ATTENDING XX	9_60, to_ 0AM fram	June 7 the causes ar	, 19.61	, that (I)	(we) los
Haur a. p. 21. I certify saw the dec	that (I) (this hasp ceased alive on I	while at war pital) attendine 6, 19	Nat while rk at wark deceased fro	omI	anuary 7 1:0	9_60, to_ 0AM fram	June 7 the causes ar	, 19.61	, that (I)	(we) lost
Hour a. P. 21. I certify saw the dec 22a. SIGNATUR 22c. PMYSICIAL NAME (Ty	that (I) (this hasp ceased alive on IV	while at war	ded the deceased from the dece	factary omJ nat deot	anuary 7 1 h occurred of 1:0 ATTENDING XX PHYS. 22d. ADDRESS Clear S	9 60 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	June 7 the causes ar		, that (I)	(we) loss d obove 2b. DATE 6/07/61
Hour a. P. 21. I certify saw the de: 22a. SIGNATH 22c. PHYSICIAI NAME (Ty	that (I) (this haspeceased alive on Deceased alive on Personance of the Archie	While at war	ded the deceased from the dece	factary omJ nat deot	anuary 7 1 1 h occurred of 1:0 ATTENDING XX PHYS. 22d. ADDRESS Clear S	9_60, to_ 0AM from MED. DIRECTOR D Dring, M.	June 7 the causes ar STAFF PHYS. aryland TION (City, town,		, that (I) date state 2 06	(we) loss d obove 2b. DATE 6/07/61
Hour a. p. 21. I certify saw the decention of the control of the	that (I) (this hasp ceased alive on IV	while at war	ded the deceased from the dece	factary omJ nat deot	anuary 7 1 h occurred or 1:0 ATTENDING XX PHYS. 22d. ADDRESS Clear S REMATORY METERY	9 60 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	June 7 the causes are PHYS. aryland TION (City, town, AR SPRII		, that (1) date state 2 06	(we) loss d obove 2b. DATE 6/07/61

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after death. Page 4 may be need by the hospital ar attending physician.

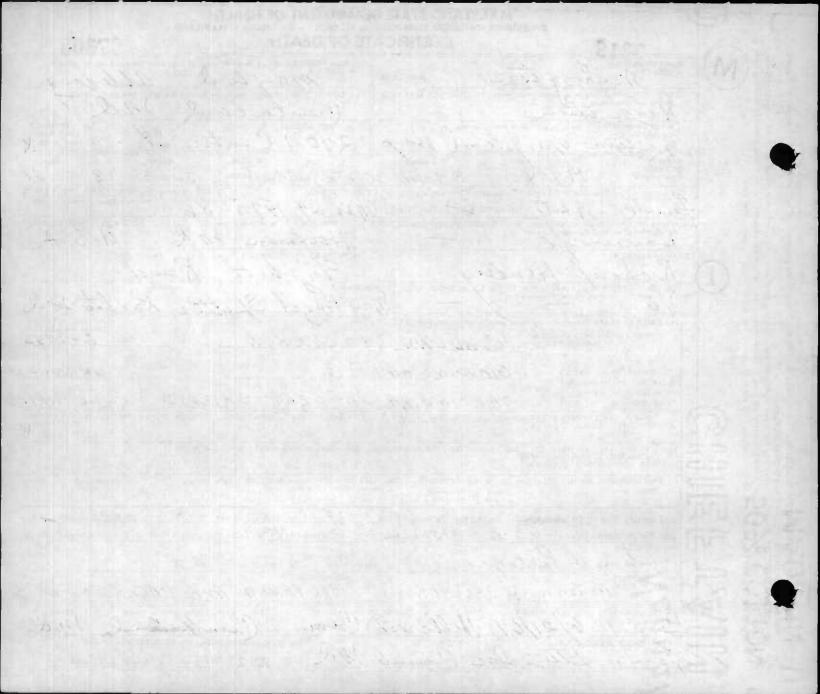
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

after death. Page 4

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	7210 CERTIFICA	TE OF DEATH	17308
)	1. PLACE OF DEATH d. COUNTY Wushing ton MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE May Level b. COUNTY	ce before admission)
	b. CITY OR TOWN (If outside servorate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	Q. 0102-2
1	of NAME OF HOSPITAL (If not in haspital, give street address) OR DESTITUTION Maryles Albert Hosp.	240 %. Centre St.	e. IS RESIDENCE ON A FARM? YES NO
		Last 4. DATE Month OF DEATH JUNE	Day Year 18 19 6 /
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mar. 24, 1895 86 yrs. Manths	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR INDL dyring most af warking life, eyen retired)	JSTRY 11. BIRTHPLACE (State of fareign country) 12. CITI 14. MOTHERS MAIDEN NAME	U.S.A.
1	Richard Hendley	Elizabeth Raid	
	(Yes, na grunknown) (If yes, give war or dates of service)	no Hazel Spittle Ba	lto ma
	1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBULAR F DUE TO	NEUMONIA	ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) CARCINO MAT	1 2 2	20 MONTH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 1B.)	
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Not while at work at work	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (actory, street, affice bldg., etc.)	County) (State)
	21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an 6 - 18 - 1961, and that	3-15 1961, to 6-18 - 19 death accurred at 750M, from the causes and an th	
	22a. SIGNATURE H. Pallogron	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ANTONIO U. PALLAGROSI	1500 PENNA BUE HAGE!	PSTOWN M.
	230. DHRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIAL SPECIA	(em Cumberlows	2 M. &.
	24. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	2Sd. REC'D BY REGISTRAR 2Sb, REGISTRAR'S SI	



s ofter death. Page 4 may by med by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2,

VR A1S (4) 1SM 9/59 7320

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	1. 1	PLACE OF DEATH				2. USUAL RESIDENCE (WI	nere decease		an: Residence be	fare admission)			
-	o. COUNTY WASHINGTON MARYLAND				MARYLAND b. COUNTY WASHINGTON								
	ь	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
	1	HAGERSTOWN	11 YRS	5.	HAGER	STOWN	1	03					
1		d. NAME OF HOSPITAL (If not in	n haspital, give street			d. STREET ADDRESS		e. IS RESIDENCE					
1	1	WASHINGTON CO	COUNTY HOSPITAL		150	1770 GILB		YES NO					
		NAME OF	First	Middle	e	Last	4. DATE	Man	th	Day Year			
		DECEASED (Type or print)	ARGARET	RUTH YF		EATES DEATH		JUNE	3	E 19 c			
	S. SEX 6. COLOR O		OR RACE 7. MARRIED X NEVER MARRIED		IED B	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HR			
		FEMALE WE	HITE WIDOW	ED DIVORCE	ED 🔲	3/2/1898		63 yrs.	Manths Days	s Haurs Min.			
	10a.	. USUAL OCCUPATION (Give kin	nd of work done 10b.	KIND OF BUSINESS	OR INDUS	RY 11. BIRTHPLACE (State	ar fareign c		12. CITIZEN	OF WHAT COUNTRY			
	HOUSEWIFE HOME					PENNSY	U.	S.					
1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN		A					
.)		WILLIAM CLA	APSADDT.E			LATRA C	RIDER	,					
	15.	WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO). 17. IN	ORMANT	ALDEE	Addr	HAGERS	TOWN			
	(10)	s, no, (If yes, give we	or or dates or service)	214-28-11	07	MR. CHESTE	R L.	YEATES		MD.			
		18. CAUSE OF DEATH [Enter	anly ane cause per li	ne far (a), (b), and (c)	100			1.	IN	TERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: TRAINGUARY SISHA AND CANGESTAND DEATHOUSE CONSET AND DEATHOUSE C											
		Conditions, if any, which are rise to immediate (b) HYRERTENSIVE CARRIO-VAS WAS ALISAGE 9454:											
		DIE TO											
		lying cause last.											
	NO	, (c)											
	SATI									YES NO			
	TIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)											
9		(IF EITHER, NOTIFY MEDICAL E	XAMINER)										
	MEDICAL	20c. TIME OF INJURY Manth,		NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	, 20f. (City	y ar tawn)	(Caunt	ty) (Stat			
	MED	Haur a.m. p.m.	19 While at war		1001	e	"						
		21. I certify that (I) (this	s haspital) attend	ded the deceased	fram	14927 19	6/ ta.	TONZ:5	1961	that (I) (we) la			
		saw the deceased alive	To see L			eath occurred at/18							
		220. SIONATORE	11		- mar ar			1110 000000 011	d dii iiio da	22b. DATE			
		M. C. mode	rospe		٨	.D. PHYS.	ED. RECTOR	STAFF PHYS.		6 66			
		22c. PHYSICIAN'S NAME (Twoe))		22d. ADDRESS	1	2.1					
		EK. LA	rd13APA	4		JAITUST	1071.	Md.					
	23a.		ATE THEREOF	23c. NAME OF CEA	AETERY OR	CREMATORY	23d. 40CA	TION (City, tawn, o	or county)	(State)			
		BURTAT.	6/8/61	REST	HAVE	V CENE	HA	GERSTOW	N M	D.			
	24.	FUNERAL DIRECTOR'S SIGNATU		ADDRESS			D BY REGIS	704	STRAR'S SIGNAT				
6	1	11.7. 1/As-	mil 1	TRAINS 1	lain	MA DATE	DIA O	oi a	rithur S. Fl	rails			

. The distance of the last section of the distance of Burger, Carletter, Carletter, Period Service of the servic Elevated All Control of the Control THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TWO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07310

	~ 1
55	
2.3	1.
5 6	1
A G	1 /
= 4	-/
5 a	

after death. Page 4

Then please remave carban papers. Pages 1 and 2 should the TO HOSE ALL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haury after death.

VR A1S (4) 1SM 9/S9

٩	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	o. COUNTY Washington			MARYL	AND	Marvland Wast							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)			c. LENGTH OF STAY I	N 16		orate limits, wri	lashington its, write RURAT and give nearest town)					
	Rural-Down	rsville		4 years	3	Rura.	L-Dow	nsvil	lle				
	d. NAME OF HOSPITA	AL (If nat in haspitol, g	ive street od	ddress)		d. STREET	ADDRESS				-	e. IS RI	SIDENCE A FARM?
+	Woburn Mar	or Board	ing F	Home		Willia	mspo	rt RI	D_#2				NON
	3. NAME OF DECEASED	First		Middle		_ OF		4. DATE				Doy	Year
	(Type or print) William					oung		DEATH	O CLIC				1961_
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D B	DATE OF BIR	TH		9. AGE (In ye last birthdo		Months Do		
	Male	White	WIDOWED	DIVORCED		April	30,1	868		yrs.	Aonths Do	2 Haur	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. Kt	IND OF BUSINESS OF	R INDUST	RY 11. BIRTHE	LACE (State	ar fareign o	auntry)		12. CITIZEN	OF WHAT	COUNTRY?
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Dexton 10b. KIND OF BUSINESS OR INDUS Cemetery					Was	shing	ton (county		U	SA	
	13. FATHER'S NAME					14. MOTHER							
	Jeremiah Young					Mary	Eliz	abeth	Thom	a.S			
	1S. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	ORMANT				Address			
	Yes, no, or unknown) (I	f yes, give wor or dates of s	ervice)	None,	Wi	lliam	T, Y	oung	1723		rgiń	1	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO												
	Canditians, if any, which gave rise to immediate cause (a), stating the under-												
	lying cause last. (c) (c) (c) (c) (c) (d) (d) (d) (e) (e												
	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT N	NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITION	GIVEN	I IN PART 1	PERF	ORMED?
7	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	URY OCCURRED Nat while at wark		CE OF INJURY ary, street, office			y ar tawn)	1	(Cau	nty)	(State)
	21. I certify that saw the deceas 22a. SIGNATURE	(I) (this hospital	attende	/ / /	that de	ATTENDIN	NG _/M	M, from	the causes	and		ote stote	(we) lost dabove. 2b, DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	In the	Vege	genje	1	22d. ADDI		IKECIOK [rnia.		6/	3/	
	23a. BURIAL, CREMATION	June 5,	1961	Manor Ce	emet			Near Near	TION (City, to		caunty)		ate)
	24. EUNERAL DIRECTOR'S	SIGNATURE 2	vill	ADDRESS (amepo	t,	and	2Sa. REC	D BY REGIS	4		AR'S SIGN		

· X-, IS-Yeen II: 221 4/282 Miles